



Directors' Application Form

IADPO endeavours to represent skin patients worldwide by fostering diversity on our board, including no more than two from any continent and disease area. IADPO members who are interested in running for the board must submit this application with their CV by September 14, 2018 via e mail to: shona@globalskin.org.

Applicant Contact Information											
Name				Organization & Title							
Street Address				Diseases represented							
City, Province, Country				Postal / Zip Code							
E mail address				Continent							
Telephone + Country Code				Area & number of people served							
Date				Birthdate (year optional)							
Applicant Profile Question											
Why would you like to be a board member for the IADPO?											
Applicant Interests & Skills							Are you interested in joining one of the Board Committees? Please identify areas of interest below by checking boxes "✓":				
The IADPO Board of Directors seeks a complementary balance of knowledge, skills and experience at a governance level. Please identify areas of interest and your competencies below by checking the boxes "✓":											
BOARD OF GOVERNANCE	Areas of Interest	Basic Skills	Advanced Skills		Areas of Interest	Basic Skills	Advanced Skills	BOARD COMMITTEES	Yes	No thanks	Tell me more
Advocacy / outreach	<input type="checkbox"/>			Governance/leadership	<input type="checkbox"/>			Conference			<input type="checkbox"/>
Communications / PR	<input type="checkbox"/>			Grant writing	<input type="checkbox"/>			Fundraising			<input type="checkbox"/>
Education / training	<input type="checkbox"/>			Human Resources	<input type="checkbox"/>			Governance			<input type="checkbox"/>
Finance / accounting	<input type="checkbox"/>			Nonprofit management	<input type="checkbox"/>			Nominating			<input type="checkbox"/>
Event Planning	<input type="checkbox"/>			Strategic Planning	<input type="checkbox"/>						
Fundraising	<input type="checkbox"/>			Other (please specify)	<input type="checkbox"/>						
Applicant References' Contact Information											
Name				Name							
Organization				Organization							
Telephone				Telephone							
E mail address				E mail address							
IADPO notes this area is for staff to complete				IADPO notes this area is for staff to complete							