



APPLICATION FORM FOR THE ROLE OF IPBIS AMBASSADOR

Instructions: Please provide information you would like the current IPBIS Board of Directors (BOD) to consider relative to your application to join IPBIS as an Ambassador. **Please send the following completed application along with a copy of your current CV and cover letter to hello@ipbis.org.**

Name _____

Peer or self-nomination? _____

If nominated by a peer, please provide name of nominator _____

Number of years in field of brain injury _____

Current clinical and/or academic appointment _____

Country of your current place of work _____

Membership of other societies and organisations related to brain injury _____

Are you a member of IPBIS? _____

Have you attended any IPBIS conferences or webinars? Please list

Three to four sentence personal statement on why you should be considered as an ambassador for IPBIS

Three to four sentences describing your experience of working with young people with acquired brain injury _____

Please list the skills you believe you will bring to the role of IPBIS Ambassador

Three to four sentence history describing your involvement with scientific and/or advocacy organizations dealing with brain injury

Conditions of Service: IPBIS Ambassadors are expected to serve a four-year term. Ambassadors should send quarterly reports on progress and developments to the IPBIS Chair. Ambassadors may be expected to participate in IPBIS Board meetings (electronic and otherwise) to deliver updates as may be requested by the IPBIS Chair.

IPBIS does not provide compensation or travel expenses to IPBIS Ambassadors.

NAME: DATE:

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