**COMMITTEE NOMINATIONS FORM**

**How to complete this form**

The nominee completes Part A and passes this to HKGGA for endorsement on or before 9th April, 2021. Forms received after this deadline will not be considered.

If you have any questions about completing this form please contact [intl@hkgga.org.hk](mailto:intl@hkgga.org.hk)

**Privacy notice**

Please note that the personal information provided as part of this nomination form will be used only for the purposes of processing the nomination and will be handled by WAGGGS in accordance with UK data protection regulations.

Information may be stored by WAGGGS in both manual and electronic forms. This information will only be accessible to and shared with members of WAGGGS staff, members of the relevant committee and members of the World Board.

For unsuccessful candidates information will be kept for a maximum period of one year after the closing date for nominations, after which it will be destroyed.

**PART A: To be completed by the nominee**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Your given names (in full)** |  |
| **Your family name/surname** |  |

|  |  |
| --- | --- |
| **Your Member Organisation** | The Hong Kong Girl Guides Association |

|  |  |  |
| --- | --- | --- |
| **Your contact details** | Main email address |  |
| Alternative email address |  |
| Main telephone number |  |
| Telephone number (WhatsApp) |  |
| Skype |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your age range** *(please mark the appropriate box)* | Under 30 |  | 30-39 |  | 40-49 |  | 50-59 |  | Over 60 |  |

**PERSONAL STATEMENT**

I am interested in serving on the following committee(s):

*(you may select more than one)*

|  |  |  |  |
| --- | --- | --- | --- |
| Audit, Finance & Risk Committee |  | Nominations Committee |  |
| Governance Committee |  | People Committee |  |

Please give details of why you want to serve on the selected committee(s)

|  |
| --- |
|  |

**SKILLS AND EXPERIENCE**

Please outline the skills and experience you would bring to the selected committee(s). Please refer to the information pack for details of the person specification for each committee.

|  |
| --- |
|  |

**VOLUNTARY AND PROFESSIONAL POSITIONS**

Please give details below of any past (**not more than ten years ago**) and current voluntary and/or paid positions that you have held within or outside the Movement.

|  |  |  |
| --- | --- | --- |
|  | **Current positions held**  ***(please give the year started)*** | **Previous positions held**  ***(please give the year started and ended)*** |
| Member Organisation |  |  |
| World Association of Girl Guides and Girl Scouts |  |  |
| Other voluntary or paid positions *(e.g. professional or busines appointments, charity or NGO/INGO, other)* |  |  |

**LANGUAGE SKILLS**

|  |  |
| --- | --- |
| What is your Mother Tongue? |  |

Please indicate your skill in the following languages using the following key:

1: fluent; 2: intermediate; 3: basic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | English | Arabic | French | Spanish | Other *(please state language)* |
| *Skill level* |  |  |  |  |  |

**INFORMATION TECHNOLOGY**

Committee members communicate regularly by email, WhatsApp and conference call throughout the year.

|  |  |
| --- | --- |
| Do you currently have regular and reliable access to the internet? | Yes / No |
| Would you be able to respond promptly to electronic communication? | Yes / No |

**NOMINEE’S DECLARATION**

By submitting this nomination form, I hereby confirm that *(please tick all boxes):*

|  |  |
| --- | --- |
|  | To my knowledge the information given on this form is correct and complete. |
|  | I understand that I am personally responsible for informing WAGGGS if my contact details change after submitting this nominations form. |
|  | I accept the principles of WAGGGS as shown in the Constitution and its values. |
|  | I give permission, in accordance with data protection regulations, for WAGGGS to process the details in this form for the purposes of my nomination. This information can be stored in both manual and electronic form. |
|  | I agree to provide further information if requested. |

|  |  |
| --- | --- |
| Signed *(electronic signature/scan is acceptable)* |  |
| Date |  |