**Stop TB Partnership Coordinating Board**

**TB Affected Communities Seat Election**

**Application Form**

Please find below a form for submission of nominations for two vacant seats on the Stop TB Partnership Coordinating Board representing Communities Affected by TB.

All candidates must complete Section 1 and Section 2 to be considered and send this form back by e-mail together with the supporting documents with the subject line – “Communities constituency application” – to boardaffairs@stoptb.org – **by no later than Friday, 31 March 2017** at 6:00 PM (GMT).

Please note that in addition to this application form and a CV, the following mandatory Letters of Support are required:

* at least one, but up to three (3) letters of support in English from organizations and/or individuals supporting the application from people who have or are themselves working on TB.
* candidates who have previously served, or are currently serving as community representative to a STBP WG must have a letter of support from the Working Group leadership (either Chairperson or Secretariat staff) that acknowledges their contribution while serving on the Working Group.

Terms of Reference for Board members can be found <http://stoptb.org/about/cb/>

Thank you very much for your interest in the Stop TB Partnership.

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**Nomination Form Section 1:**

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| --- | --- |
| 1. Salutation (Dr, Professor, Mr, Mrs, Ms):
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| 1. Last name:
 |  |
| 1. First Name:
 |  |
| 1. Full address:
 |  |
| 1. Email address:
 |  |
| 1. Phone number:
 |  |
| 1. Organization name:
 |  |
| 1. Position/Title within the organization:
 |  |
| 1. Number of years working in the organization:
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| 1. Organization Address:
 |  |
| 1. Country of organization´s headquarter/main office:
 |  |
| 1. Organization Website:
 |  |
|  |  |

1. If selected as Board member, are you willing and able[[1]](#footnote-1) to commit 16 hours per month (non-remunerated) for work related to the Board and to attend meetings?

[ ] Yes [ ] No

2. What is your level of English?

Oral [ ] Basic [ ] Intermediate [ ] Advanced [ ] Mother tongue

Written [ ] Basic [ ] Intermediate [ ] Advanced [ ] Mother tongue

3. What other languages do you speak?

Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral [ ] Basic [ ] Intermediate [ ] Advanced [ ] Mother tongue

Written [ ] Basic [ ] Intermediate [ ] Advanced [ ] Mother tongue

Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral [ ] Basic [ ] Intermediate [ ] Advanced [ ] Mother tongue

Written [ ] Basic [ ] Intermediate [ ] Advanced [ ] Mother tongue

4. How long have your worked in the field of TB or in international health and development?

5. Do you have experience in advocacy? [ ] Yes [ ] No

* If yes, how many years, and advocating for what cause?

6. Do you have access to communication infrastructure? Click all that apply:

[ ] Landline telephone [ ] Mobile [ ] Computer with internet access

[ ] Email account [ ] Skype account [ ] Twitter [ ] Facebook

**Nomination Form Section 2:**

**Please keep your longest responses limited to 400 words maximum.**

|  |
| --- |
| 1. Are you currently living with, or have you had TB, TB/HIV, or MDR-TB in the past? If yes, how many years ago?
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|  |
| 1. Are or were you close to a person suffering from TB?
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|  |
| 1. If you work for a community-based organization, or other employer, please provide a brief description of the organization and its major achievements in advocating for patient and community issues, as well as your involvement in it.
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|  |
| 1. Do you have experience working with partnerships or in alliances? Serving on any regional group, board of an international org (such as UNITAID, Global Fund, GAVI, etc.), advisory committee, or similar structure? Please explain.
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|  |
| 1. If you are not currently employed, please list up to three community based, or patient-led organizations or networks which you are affiliated with.
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|  |
| 1. If selected, what are your plans for the TB-affected Community constituency?
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|  |
| 1. To what extend have you been involved with the Stop TB Partnership so far? Did you attend any of its Coordinating Board pre-briefings, or similar meetings?
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|  |

1. If you are employed, you will need to submit a letter from your employer endorsing you and agreeing that you will be able to spend time on Board activities. [↑](#footnote-ref-1)