



Application for Executive Director

1. Personal Details		
Name:		
<i>First</i>	<i>Middle(s)</i>	<i>Last/Surname</i>
Address:		
City:		
State/Province:		
Country:		
Zip/Post Code:		
Telephone number (including country code):		
Email address:		
2. Employment Details		
Please provide details of your recent employment history starting with your most recent position.		
Organization name:		
Dates worked (from/to):		
Position:		
Organization size; number of staff and nature of departments that you manage/managed:		
Reason for leaving (if applicable):		
Organization name:		
Dates worked (from/to):		
Position:		
Organization size; number of staff and nature of departments that you manage/managed:		
Reason for leaving:		
Organization name:		
Dates worked (from/to):		
Position:		
Organization size; number of staff and nature of departments that you manage/managed:		
Reason for leaving:		



Application for Executive Director

3. Additional Information (optional)

Please provide any additional information, that is not already included in your curriculum vitae (cv), that you believe is relevant to your application.

--

4. References

Please provide contact information for three character references.

Name:

Telephone number:

Email Address:

How do you know this person:

Length of time you have known this person:

--

Name:

Telephone number:

Email Address:

How do you know this person:

Length of time you have known this person:

--

Name:

Telephone number:

Email Address:

How do you know this person:

Length of time you have known this person:

--



INTERNATIONAL ASSOCIATION OF
MEDICAL REGULATORY AUTHORITIES

Application for Executive Director

5. Declaration

Before submitting your application, it is important that you read the statements below and confirm your acceptance by ticking or placing an X in the check box below. If you do not tick the check box, we will be unable to progress your application.

I declare that the information contained in this application form is complete and correct. I understand that withholding relevant details or giving false information in my application packet will be grounds for rejection, or if I have been appointed that I am liable to be dismissed.

I agree with the above statements.

Signature:

Date:

Thank you for taking the time to complete this application. Please check it carefully before sending it to IAMRA. Please email it to secretariat@iamra.com.