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| Attach copy of recent passport photograph |

 Planned Parenthood Federation of Nigeria

EXTERNAL EXPERT, NATIONAL EXECUTIVE COMMITTEE

APPLICANT’S DATA FORM

Name (Surname First): .....................................................................................................

Contact Address: .................................................................................................................

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E mail Address: ...................................................................................................................

Telephone No: ............................................... Alternative No: …………………..…………….

Occupation/ Profession: .....................................................................................................

Qualifications: ......................................................................................................................

Marital Status: Married/Single......................................... Age: .....................................

Male: Female No. of Children: ......................

Are you currently involved in any PPFN traditional volunteer program? Yes No

Have you led or have experience in?

1. Sexual Reproductive Health & Rights Yes No
2. Governance at international or national level Yes No
3. Senior executive role in similar organisation Yes No
4. Program delivery or financial control/oversight Yes No
5. Fundraising and resource mobilisation Yes No
6. Advocacy and working with government Yes No

Referee/Recommended by: Name: .......................................................................................

 Address: .....................................................................................

 Phone & Email: ................................................................

**Declaration**:

I,..................................................................................... whose personal data are given above, hereby apply for the unremunerated and voluntary position of External Expert in the National Executive Committee of the Planned Parenthood Federation of Nigeria (PPFN), and undertake to pursue its aims and objectives.

Applicant’s Signature: ................................................................................ Date: ..............................................................

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 FOR OFFICIAL USE ONLY

Date of Application: .................................................. PPFN Receipt No: .......................................................

Name & Signature of Chairman, Nomination and Governance Committee:

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