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| --- | --- |
|  | **BAA Committee Volunteer Application form** |
| ***Please note:*** *The information provided in this form will be processed in accordance with BAAs privacy policy. Further details of which can be found a*[*t https://www.baaudiology.org/privacy privacyofficers.co.uk*](https://www.baaudiology.org/privacy%20privacyofficers.co.uk)  |
| **WHICH COMMITTEE ARE YOU VOLUNTEERING FOR?:** |  |
| **NOMINEE DETAILS**  | **BAA Membership No:**  |  |
| **First Name(s)**  |  |
| **Last Name**  |  |
| **Job Title**  |  |
| **Employer address**  |  |
| **Preferred contact Address** **(if different from above)** |  |
| **Preferred Email address**  |  |
| **Telephone (work)**  |  |
| **Telephone (mobile)**  |  |
|  |  |
| ***Declaration****: I am happy for CJ Association Management Ltd to process my personal data for the purpose of processing this nomination form.*  |
| **Nominee (signature)**  |  | **Date**  |  |

**All nominees must provide a ‘pen portrait’ of themselves highlighting the strengths they would bring to the Committee.**

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BAA Committee Application form

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|  | **BAA Committee Volunteer Application form** |
| In no more than 150 words, please state briefly why you wish to join this BAA Committee: |
| In no more than 150 words, please detail any skills and experience you have that would make you a good choice for this BAA Committee:  |
| All information on this form must be completed for the application to be valid. Please return to admin@baaudiology.org |