

**FORM I**

## NOMINATION FOR COUNCIL POSITION

This form is used to nominate a person for positions on the Zambia Institute of Purchasing and Supply (ZIPS) Council that are specified in the ZIPS Act No, 15 of 2003 Schedule (Section 5(2)) 1.1 a to e

|  |  |
| --- | --- |
| AGM Year |  |
| Nominee Name |  |
| Membership Number / Category | Membership No: | [ ]  | Fellow |
|  |  |  |  |  |  | [ ]  | Member |
| Council Position | [ ]  | President |  | [ ]  | The Secretary |
| [ ]  | Vice President |  | [ ]  | The Vice Secretary |
| [ ]  | The Treasurer |  |  |  |
| Nomination Date |  |

# Declaration and Statement by Nominee

As the person named above, I hereby wish to nominate for the above position on the Zambia Institute of Purchasing and Supply (ZIPS) Council

I declare that:

1. I am a current member of the Zambia Institute of Purchasing and Supply (ZIPS) as per ZIPS Act No 15 of 2003 Section 18 (1)
2. if elected, I undertake to fulfil all duties and obligations required of the position and to become appropriately conversant with the duties of council members.

I submit the following statement in support of my nomination stating my intended contribution to the Institute and Profession

|  |
| --- |
|  |

Signed: Date:

**THIS NOMINATION IS SUPPORTED BY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name** | **Member No / Category** | **Signature** | **Date** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**Notes:**

1. A duly completed nomination form must be accompanied by:
	1. Completed bio template (attached),
	2. CV
	3. Nomination fee as per Call for Nominations
2. Forward all nomination forms to the Registrar on email *zipszam@zipszambia.org**.* Subject heading must be in format: *Nomination for [insert position] – [insert name]*
3. Closing date for submission of duly completed and signed nomination forms is **17:00 hours** and ***Monday 14th June 2021***
4. Nominees will be notified of outcome of their nomination within 2 days
5. List of successful and unsuccessful submission will be published on the website
6. Unsuccessful nominees will be informed of reasons why they were not successful
7. Successful nominees will be required to complete a campaign template and will be provided with campaign guidelines to commence their campaigns



FORM II

## COUNCIL MEMBER NOMINEE BIOGRAPHY

Your photo (JPEG format, minimum 300x300 pixels)

|  |  |
| --- | --- |
| Name |  |
| Current employer |  |
| Position |  |
| Phone |  |
| Email Address |  |
| Position Being Contested |  |

|  |  |
| --- | --- |
| Expertise and experience |  |
| Previous employers |  |
| Education and training |  |
| Awards or Achievements |  |
| Professional service/membership (ZIPS and/or other bodies) |  |
| Teaching, writing and publishing |  |
| Special projects, assignments and accomplishments |  |
| Brief personal details (family and hobbies) |  |
| Biography (max 150 words) |  |

**Social Media Contacts**

|  |  |
| --- | --- |
| Twitter handle (if applicable) |  |
| LinkedIn profile (if applicable) |  |
| Facebook link (if applicable) |  |

\*Nominee information will appear as written above in all campaign materials

Sign:

Date: