



European Academy  
of Optometry and Optics

## NOMINATION TO STAND FOR ELECTION AS TRUSTEE OF THE ACADEMY

Please submit this form by **Friday 19 March 2010**

### INSTRUCTIONS

Please use **BLACK** ink to fill out this form.  
Please TYPE or PRINT using **CAPITAL LETTERS**  
All documentation must be in **ENGLISH**  
Please fill in both pages of the form

### PLEASE ATTACH

A two page curriculum vitae  
Black and white photograph (headshot)  
Election address of maximum 500 words

### CATEGORY OF TRUSTEE

Please indicate which of the following categories of Trustee you are nominating/being nominated for.

- Category 1: A representative of an educational organisation providing courses in optometry, optics or vision sciences, to be nominated by that organisation (which must be an organisational member of the Academy)*
- Category 3: An individual who is/has been involved in delivering optometric or optical education*
- Category 4: An individual who is/has been a practising Optometrist or Optician*
- Treasurer*

### NOMINEE: PERSONAL DETAILS AND CONTACT INFORMATION

The person standing for election

Forenames \_\_\_\_\_ Family Name: \_\_\_\_\_

Title: (Please cross)  Prof  Dr  Mr  Mrs  Mrs  Miss  Other

Home Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

### NOMINEE STATEMENT

All nominees please tick one box in **BOTH** part A and B below, and sign

#### PART A

I agree to have paid for individual membership of the Academy by 15 May 2010

OR

I am an individual Member of the Academy

My Membership No is: \_\_\_\_\_.

#### PART B

I agree to stand for Election to the Academy's Board of Trustees as indicated above as:

an individual candidate

OR

a candidate representing my organisation

Nominee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## NOMINATOR: PERSONAL and ORGANISATION DETAILS AND CONTACT INFORMATION

The Person nominating the nominee

Forenames \_\_\_\_\_ Family Name: \_\_\_\_\_

Title: (Please indicate) Prof Dr Mr Mrs Mrs Miss Other

Work Address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**If nominating a candidate in Category 1, please fill in the following:**

Representing (name of organisation)

\_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Academy Membership Number: \_\_\_\_\_

Nominator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST FOR RETURN

- Signed Nomination Form (2 signatures required)
- brief Curriculum Vitae for Nominee (maximum two pages)
- black and white photograph of Nominee (headshot)
- an election statement by the Nominee of not more than 500 words
- for Treasurer nomination, an additional election statement by the Nominee of not more than 250 words

### Please return to

Academy Manager  
European Academy of Optometry and Optics  
42 Craven Street, London WC2N 5N  
Email: [info@eaoo.info](mailto:info@eaoo.info) Fax: +44 (0) 20 7839 6800

**Closing date: 17.00 hours on Friday 19 March 2010**