



iBioMed Society First Year Rep Nomination Form



We, the undersigned, wish to nominate _____
(full name)

for the position of _____.
(position title)

Candidate Information:

Program and Level: _____ Student Number: _____

Email Address: _____ Phone Number: _____

	<u>Full Name</u>	<u>Student Number</u>	<u>Signature</u>
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Important Notes:

- Check the position eligibility and requirements before submitting this form.
- Only students in first year of iBioMed may nominate you.
- Only iBMS (iBioMed Society) members can nominate you.
- If you have any questions, contact the iBioMed Program Rep at i-biomed@macengsociety.ca.



iBioMed Society First Year Rep Nomination Form



I, _____ stipulate that I am eligible for the position of _____, and if elected/appointed I will satisfy the following criteria required of me:

I have read all sections of the Policy Manual related to my position.

- I am eligible for my position.
- I will not violate any campaigning regulations.
- I will keep a record of my position, tasks and responsibilities to pass on during transition for the next student to hold my position.
- I am familiar with the positions to which I am to report.
- I am familiar with the positions I must supervise.
- I am familiar with the Constitution of the iBioMed Society, specifically:
 - o The iBMS' Aims and Purposes
 - o My responsibilities as a Council Member
 - o The powers and authority of the Council
- I will satisfy the requirements of my position to the full extent of my ability.
- I will attend weekly Council Meetings.
- I will attend weekly Executive Meetings if I am on the Executive.
- I understand that this position demands a significant proportion of my time and I am willing and able to be available.

Candidate

Full name: _____ Signature: _____ Date: _____

Witness

Full name: _____ Signature: _____ Date: _____

Please submit these completed forms to the mailbox of the CRO before the end of the advertised nomination period.