

## **Partner Committee Co-Chair Application Form**

*Nomination and Self Nominations are being requested to fill these co-chair roles. Please complete the below sections in no more than 6 pages.*

### ***Person Making the Nomination:***

<b>Name:</b>		
<b>Current Position and Organisational Affiliation:</b>		
<b>Contact Information:</b>	<b>Email:</b>	
	<b>Telephone:</b>	

### ***Person Being Nominated (or Self-Nominated):***

<b>Name:</b>		
<b>Current Position and Organisational Affiliation:</b>		
<b>Location:</b>		
<b>Contact Information:</b>	<b>Email:</b>	
	<b>Telephone:</b>	

### ***For Persons Being Nominated by Others, has the Nominee:***

1. <i>Agreed to their names being put forward?</i>	Yes / No
2. <i>Are prepared to serve as Partner Committee Co-Chair in line with the time commitments described?</i>	Yes / No / Don't Know
3. <i>Are prepared to submit a confirmatory letter of support from their applicant's employers?</i>	Yes / No / Don't Know

### ***Brief Biography***

Please provide a brief summary of the Nominee's relevant professional experience, including any involvement with the RBM Partnership to End Malaria.

### ***Evidence of Nominee's Ability to Meet General Skill Requirements***

The following general skills will be required to be demonstrated by any applicants for the position of Co-Chairs (as expressed in the RBM Bye-Laws).

Please provide evidence as to the applicant's skills and experience against each of the stated criteria.

<b><i>Experience and Skills</i></b>	<b><i>Yes / No</i></b>	<b><i>Short Explanation of How Applicant Demonstrates this Experience / Skills</i></b>
<i>Excellent understanding of malaria and wider development context.</i>	<b><i>Yes / No</i></b>	
<i>Ability to solicit input from a wide range of stakeholders and ensure that input is included in Committee discussions.</i>	Yes / No	
<i>Ability to lead and manage a diverse group of partners, ensuring that open communication is maintained and all voices are heard.</i>	Yes / No	
<i>Possession of excellent communication skills and a history of written and spoken communication related to global health.</i>	Yes / No	
<i>Ability to work effectively within a decentralised Partnership structure across different locations and time zones including with the supporting RBM Secretariat</i>	Yes / No	

### ***Evidence of Nominee's Ability to Meet Country / Regional Support Partner Committee Co-Chair Skill Requirements***

The following specific skills will be required to be demonstrated by any applicants for the position of Co-Chair of the Country / Regional Support Partner Committee.

Please provide evidence as to the applicant's skills and experience against each of the stated criteria.

<b><i>Experience and Skills</i></b>	<b><i>Yes / No</i></b>	<b><i>Short Explanation of How Applicant Demonstrates this Experience / Skills</i></b>
<i>At least 10 years' experience of co-ordinating support for the development and validation of technically sound, implementable, country-led malaria control and elimination strategies.</i>	Yes / No	

<b>Experience and Skills</b>	<b>Yes / No</b>	<b>Short Explanation of How Applicant Demonstrates this Experience / Skills</b>
<i>At least 10 years' experience of Country level resource access and mobilisation.</i>	Yes / No	
<i>Significant experience and understanding of the Global Fund Concept Note application process and other investment requests.</i>	Yes / No	
<i>Strong understanding and recent engagement with the work of the RBM CRSPC or the former Harmonisation Working Group.</i>	Yes / No	
<i>Experience of providing implementation support for country and regional entities both proactively and reactively.</i>	Yes / No	

### **Summary**

Please provide a brief summary of why you think that the person being nominated is a suitable candidate for the position of Partnership Committee Co-Chair:

### **References**

Please provide the details of 1-2 additional references in support of the nomination.

		<b>Referee 1</b>	<b>Referee 2 (Required if a self-nomination)</b>
<b>Name:</b>			
<b>Current Position and Organisational Affiliation:</b>			
<b>Contact Information:</b>	<b>Email:</b>		
	<b>Telephone:</b>		

### **Submission**

Completed nomination forms should be returned to RBM Board Affairs at [BoardAffairs@endmalaria.org](mailto:BoardAffairs@endmalaria.org) .