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| **FEDERATION OF ASSOCIATIONS OF FORMER INTERNATIONAL CIVIL SERVANTS (FAFICS)** |
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| **EXPERTISE POOL SUBMISSION FORM** |
|  |  |  |  |  |  |  |  |  | 3  |   |
| The (name of Association)  |
| By the present submits for consideration/inclusion in the Federation´s Expertise Pool |
| **PERSONAL INFORMATION** |
| First name Middle name Last name |
|  |
| Work telephone / Home telephone / Mobile phone | E-mail address: |
|   |   |
| City State/Province (if applicable) / Country of residence |   |
| Best time for call:  |  | (local time at \_) |
| **Please indicate your self-assessed expertise in areas in which you are interested to work** |
| **Field of Work/experience/knowledge** | **Beginner** | **Some experience** | **Expert** |
| Governance (Boards, etc) |  |  |  |
| Pension Fund matters |  |  |  |
| Actuarial Analysis |  |  |  |
| Life and Health insurance |  |  |  |
| Budget  |  |  |  |
| Financial analysis |  |  |  |
| Treasury |  |  |  |
|  Communications |  |  |  |
|  Information Technology |  |  |  |
|  Others (describe) |  |  |  |
| **PERSONAL STATEMENT** (Please include assessment of your personal contribution to FAFICS, relevant training and experience, and preferred areas of work) (Not to exceed 1,000 characters) |
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| **EXPRESSION OF CONSENT:**  |
| FAFICS will store this information and keep the personal information confidential, solely for assessing the individual’s potential selection for performing specific tasks as a FAFICS representative, as an individual or part of a team. The information will be shared with FAFICS officers performing the assessment, as required. The individual and the individual’s member association may be contacted via telephone and/or email to obtain further information.I acknowledge that the FAFICS working language is English and that I speak and write English. I agree I do not agree Dated and signed (individual) Dated and signed (submitting association, including position). |