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| **FEDERATION OF ASSOCIATIONS OF FORMER INTERNATIONAL CIVIL SERVANTS (FAFICS)** | | | | | | | | | | | | | | |
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| **EXPERTISE POOL SUBMISSION FORM** | | | | | | | | | | | | | | |
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| 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). | | | | | | | | | | | | | | |