

Chair Application Form

The Chair will be elected by the membership via a ballot.

Name: _____

Telephone Number:

Email Address: _____

We would be grateful if you would describe below why you have applied to be Chair, what you would bring to the position and any relevant experience you are happy to share with SDRC members: (500 words maximum)

[illegible]

There is space to continue your answer on the next page.



All nominations must be received by 16:00, 26 April 2013 in order to be considered.

Please return completed forms to **SDRC@alzscot.org** and/or via post to:
Alzheimer Scotland, FAO: Kirsty Wilson, 81 Oxford Street, Glasgow, G5 9EP.

Scottish Dementia Research Consortium: Chair Application Form

(Continued from previous page)

This image shows a full page of primary-ruled notebook paper. It features a solid vertical line on the left side, creating a margin. The rest of the page is filled with horizontal dotted lines, providing a guide for handwriting practice. There are no markings or text on the page.

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