CALL FOR APPLICATIONS TO BECOME A MEMBER OF THE GLANCE CHAIR COMMITTEE

**Motivation letter**

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| **Last name(s)** | Please click here to enter your text. |
| **First name(s)** | Please click here to enter your text. |

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| Complete the motivation letter (in English language) and give **specific examples** where appropriate in max. 500 words.  **Your motivation letter answers the following:**   * *Your motivation to engage within the GLANCE Chair Committee* * *Activities, events, projects you have undertaken together with EFCNI* * *Your successful advocacy and policy making results on a national and international level* * *Your interactions with relevant stakeholders* * *The current situation in your region/country regarding maternal and newborn health* * *Achievements in your work**as parent representative/healthcare professional in your region/country and beyond* |
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| Please click here to enter your text. |

***Data Protection/ GDPR notice:***

*Please note that the EFCNI representatives working in GLANCE will have access to your application documents with the aim of verifying your application.*

*EFCNI will keep an electronic copy of the personal documents on a locked drive with restricted access for the EFCNI Administration and Executive Board only in agreement with the individual elected GLANCE Chair Committee Member.*