

ISU ELECTIONS COMMITTEE CANDIDATE NOMINATION FORM

To be completed by the nominating ISU Member and sent to: nominations@isu.org

Nominations must be sent by: **July 20, 2025 23:59 CEST**

1. ISU Member Details

Name of ISU Member:

Contact Person Name:

Position:

Email Address:

Phone Number:

2. Candidate Information

Full Name:

Date of Birth:

Nationality:

Current Age (as of 1 January, 2025):

Contact Email:

Languages Spoken and Level of Fluency:

3. Relevant Experience and Qualifications

Please describe how the candidate meets the following essential and desirable criteria.

A. Competencies / Skills

Fluent English communication (Yes/No):

Organizational skills:

Critical and independent thinking:

Availability (to perform tasks as required; hours/week):

IT literacy (e.g., Office 365; please specify):

Public speaking:

B. Knowledge / Expertise

Understanding of ISU Constitution and regulations (Yes/No):

Awareness of ice sports (Figure and/or Speed; please specify):

Experience with parliamentary procedures, elections, scrutineering:

Auditing and observation experience:

Good governance experience:

Human resources/recruitment management:

Diversity, equity, and inclusion awareness:

C. Leadership and Governance Experience

Leadership positions held (please specify):

Management experience:

ISU Congress Participation (Yes/No):

- If Yes: List year(s) and function:

Former ISU Council Member (Yes/No):

Former ISU Body Member (Yes/No):

D. Representation and Diversity

Geographical region represented:

Sport specialization (Figure / Speed / Both):

E. Attributes

Time management:

Reputation and character:

Integrity:

Neutrality:

Maturity:

4. Declaration and Endorsement

ISU Member Declaration

We, the undersigned, hereby nominate the above individual for consideration as a candidate for the ISU Elections Committee for the term of office commencing at the time of the relevant elections (on or before 1 September 2025) and concluding at the time of the next relevant elections (on or before 1 September 2029).

We confirm that the candidate meets the eligibility requirements and is not subject to any conflict of interest as per the ISU Code of Ethics. The candidate is not over 70 years of age as of 1 January, 2025.

We, the undersigned, hereby confirm that the above individual is not a candidate for an elected post to an ISU Body; a relative, whether by birth or marriage, of one of the candidates for an elected post; a government official of any kind.

Authorized Signatory – ISU Member

Name:

Position:

Signature:

Date:

Proposed Candidate Declaration

I, the undersigned, accept the nomination and confirm that I am willing to serve on the ISU Elections Committee if elected. I understand and accept the responsibilities, term limitations, and ethical requirements of the role.

I confirm that I will not present myself a candidate for an elected post to an ISU Body and that I am not a relative, whether by birth or marriage, of one of the candidates for an elected post and I am not a government official of any kind. Should any of these facts become given after appointment, I will immediately resign from my position

Candidate Name:

Signature:

Date: