

IMPORTANT NOTICE

This form with all supporting documents to be received by the IWF at the latest on 27th March 2022 - 5:00 PM CET in Lausanne, Switzerland exclusively via e-mail sent to elections2022@iwfnet.net

An acknowledgement of receipt will be issued by the IWF Office and addressed by e-mail to each applicant. In case such confirmation is not received within 48 hours of submission, please contact the IWF Secretariat at elections2022@iwfnet.net with evidence at hand of timely application

Applications which are not timely and duly filed, with form and supporting documents shall be rejected



Candidature Form for the 2022 Elections



1 Form per Candidate

POSITION (X in one or more boxes)

- IWF President
- IWF General Secretary Treasurer

- IWF Vice President
- IWF Ordinary Executive Board Member

- IWF Technical Committee Member
- IWF Coaching and Research Committee Member
- IWF Medical Committee Member

- Development and Education Commission

- Gender Equity Commission
- Legal Commission
- Governance Commission

PREFERENCE:

- | | | | |
|------|--------------------------|------|--------------------------|
| No.1 | <input type="checkbox"/> | No.2 | <input type="checkbox"/> |
| No.1 | <input type="checkbox"/> | No.2 | <input type="checkbox"/> |
| No.1 | <input type="checkbox"/> | No.2 | <input type="checkbox"/> |

PERSONAL INFORMATION

Gender: M F

Family Name:	
Given name(s)	
Date of birth (dd/mm/yyyy)	
Place of birth:	

Nationality(ies) <small>*(Please indicate if your nationality was changed in the last 5 years):</small>	
Current occupation:	
Postal address:	
Phone:	
Mobile: <small>*(Please indicate your personal phone number)</small>	
Fax No.:	
E-mail address: <small>*(Please indicate your personal e-mail address which you will use to communicate with the EDP)</small>	
Social Media Accounts <small>(*Please insert a link of your social media profile(s) you use.)</small>	

English French Spanish German Russian Arabic

Others:	
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REFERENCE PERSON

Please indicate 3 reference who can be contacted for clarification about your candidature.

Name	Position	Professional/Personal Relationship	Phone number	Email address

PROFESSIONAL QUALIFICATION

Please state degrees, type of education, specialities:

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WEIGHTLIFTING EXPERIENCE

Your practical experience in the sport of weightlifting (athlete, coach, administrator, Technical Official, etc. Please note that such experience is required for IWF Committees/Commissions as set out in rule 34-35. of the IWF Constitution.)

Referee	Number of years:	
	Number of years:	
	Number of years:	
	Number of years:	

PREVIOUS POSITIONS IN THE IWF

	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	

TECHNICAL OFFICIAL QUALIFICATION*

* According to rule. 35.4 of the IWF Constitution, International Category 1 TO qualification and 3 years of practice are obligatory conditions for candidates to the Technical Committee!

Do you have IWF International Technical Official Card? Category 1

Year of issue: _____ Card number: _____

FOR CANDIDATES TO THE CRC

- (i) I have experience as a coach for a minimum of 10 years
- (ii) I have experience as an International Level Coach at Olympic Games
- (iii) I have experience as an International Level Coach at World Championships
- (iv) I have experience as an International Level Coach at other international-level competitions
- (v) I am a qualified sports scientist with a demonstrated history of research experience in fields related to the Sport.

FOR CANDIDATES TO THE MC*

*Obligatory condition – According to rule 35.4 of the IWF Constitution shall be a qualified medical practitioner, preferably with demonstrated professional experience in the speciality of sports medicine.

I graduated as Doctor of Medicine at:

Speciality/ies:

Number of years:

PUBLICATIONS

List your publications, if any, in the field of weightlifting or any other fields relevant to sport or the function applied for. (Title, Year, Source)

CURRENT POSITION IN YOUR NATIONAL FEDERATION

CURRENT POSITIONS IN CONTINENTAL / REGIONAL FEDERATIONS

Name of Federation	Position	Period until

By ticking the box and signing this document I am giving my consent to the IWF to process my personal information for the purpose of conducting the 2022 IWF Electoral Congress.

Candidate's signature: _____

CONFIRMATION OF THE MEMBER FEDERATION OF

Stamp

*Signature of President of the Nominating
Member Federation

*Signature of General Secretary of the
Nominating Member Federation

Date:

***Only applicable to candidates who are nominated by their own Nominating Member Federation. Independent candidates shall provide separately the needed number of endorsements by Members Federations.**

PLEASE ENCLOSE COPY OF YOUR PASSPORT AND YOUR DIGITAL PHOTO!