National Institution Representative Application Form

Basic information	
Name	
Job Title	
Organisation	
Telephone Number	
Email address	
Date your institution implemented / will have implemented RDA	

Institutional support	
By nominating this member of staff to the RDA Board, we confirm that we are willing to support them undertaking RDA Board work and activities. We acknowledge that the RDA Fund will cover travel, accommodation and subsistence costs for Board meetings.	
Name of Nominator*	
Electronic Signature of Nominator*	

Supporting statement
Please provide a statement, referencing the role description, telling us what you feel you can offer the RDA Board.

* Your nominator should be a senior manager from your institution.

Please email your completed form to simon.berney-edwards@cilip.org.uk.