



International Association for Counselling (IAC)

Country Ambassadors Programme – Application Form

Surname: _____ MR/MS/DR: _____

First Name: _____

Address: _____

Country of proposed Ambassadorship: _____

Email: _____

How long have you been an IAC Member? _____

Nominated by*(Full Name): _____

*Ambassadors must be nominated by a current IAC Member

Why have you chosen to seek an IAC Country Ambassador Role?

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In what ways have you been involved in IAC so far?

What do you hope to achieve during your time as an IAC Country Ambassador?

Signature: By signing this form I agree to carry out the duties and obligations of the IAC Ambassador Role as described above, to the best of my abilities.

Signature: _____

Date: _____

Please return the scanned completed application form, plus your short resume, by email, to: Laurie Persch: lauriepersh@gmail.com or Jane Webber: jwebber@kean.edu

After the application has been received, IAC will review the application and will notify the applicant of the outcome of its decision no later than 6 weeks after the application is received.

Thank You for your application!