



**Solve M.E.**



## **Solve M.E. Community Advisory Council**

### **Nomination Form**

#### **How to nominate**

You can be nominated by an individual, their organisation or be self-nominated. A Nomination form can also be submitted online at: ((LINK)). **Submissions for the 2020 – 2020 Class of Community Advisory Council Members will be accepted between October 10<sup>th</sup> 2019 and December 20<sup>th</sup>, 2019.**

Incomplete forms will be considered ineligible for assessment.

#### **What to Expect as a Member of the CAC:**

##### **1. Participation and Accessibility**

Solve M.E. is committed to making participation in the Community Advisory Council (CAC) meaningful and accessible for all members of the ME/CFS community, especially those who are severely ill or disabled. There is no mandatory participation or commitment necessary in order to be a member of the CAC for your full two-year term. All materials, communications, and meetings related to the activities of the CAC will be made available to members in multiple forms and at no cost. Solve ME especially encourages nominations from people with ME/CFS, their caregivers and family, advocates, academic partners, and public health professionals.

##### **2. Meetings**

Solve M.E. Community Advisory Council Staff Liaison will coordinate four online-based meetings a year. The CAC may designate additional meetings, as needed. CAC meetings are non-public and members will adhere to a confidentiality agreement.

##### **3. Goals**

The inaugural Community Advisory Council meeting goals include 1) facilitating dialogue and feedback on Solve M.E. organizational programs and activities, 2) improving and streamlining community collaboration, and 3) reviewing applications for EmPOWER M.E. Microgrants from 2020-2022.

##### **4. Organization Representation**

Employees or representatives of other organizations may be nominated and participate with clear transparency. Organizations may nominate more than one representative. If a CAC member does represent another organization, they will not be able to participate in grant review processes for applications submitted by their organization. Solve M.E. strongly believes in transparency and Members of the CAC will be publically listed on the Solve M.E. website.

Please answer the following questions. If you require more space for your answers please feel free to extend past the allotted space, however, answers should be kept to a maximum of one-half page.

1. *Please describe the nominee's interest in ME/CFS or in being a member of the Solve M.E. Community Advisory Committee.*

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2. *Why does the nominee support the work of Solve M.E.?*

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3. *What area of Solve M.E.'s projects and programs do you feel the nominee would be especially interested in?*

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4. *Please share an example of the nominee's previous work group or committee experience or please share why you feel the nominee would work well in a work group or committee.*

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5. *What do you think will be the nominee's best contribution to the Community Advisory Committee?*

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6. *Do you have a blog or social media presence focused on ME/CFS that you would like to share? If so, please include the link, URL, or handle.*

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7. *Please provide a short summary of your background including skills and expertise. Or feel free to attach a CV or resume.*

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*Provide any other supporting information or documentation as to why the nominee should be considered for membership in the CAC?*

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## Nominee details:

First name:	Last name/Surname:
Nominee's postal address:	
Nominee's phone number:	
Nominee's email address:	
Name of organisation the nominee works for or represents (if applicable):	
<b>Nominee's relationship to ME/CFS (select all that apply):</b> Person with ME/CFS <input type="checkbox"/> Family or Friend of someone with ME/CFS <input type="checkbox"/>  ME/CFS Advocate <input type="checkbox"/> Caregiver <input type="checkbox"/> Current or former healthcare provider <input type="checkbox"/> Current or former Public Health Professional <input type="checkbox"/> Other (write in below) <input type="checkbox"/>	
Other:	

Send your completed form to:

Solve ME/CFS Initiative 5455 Wilshire Blvd Suite 1903 Los Angeles, CA 90036 Or Email completed application to: <a href="mailto:solvecfs@solvecfs.org">solvecfs@solvecfs.org</a> <b>Email Subject:</b> CAC 2020 Nomination
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## Nominated by:

Name: (If self, indicate SELF only)	
Organization: (If applicable)	
Address:	
Telephone:	
Email:	

Relationship to nominee: (If self nominated, indicate self nominated).	
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