Communities Delegation
to the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria

COMMUNITIES DELEGATION MEMBER APPLICATION 2026

Please note that the **CLOSING DATE** for applications is **FRIDAY 25th SEPTEMBER 2026 AT 18:00 CET**.

DOWNLOAD AND FILL THIS FORM

CHECKLIST:

The following should be sent in ONE email to focalpoint@communitiesdelegation.org with the subject line **APPLICATION FOR COMMUNITIES DELEGATION YEAR 2026**:

- ☐ This completed application form (electronically, ***scanned copies*** *will not be entertained*);
- ☐ A letter of reference from your organisation expressing its support, agreeing to the time commitment, additional travel and workload (1 page only); and
- ☐ A letter of reference/support from another organisation that is affiliated to the work that you are involved in.

APPLICATIONS WITHOUT ALL OF THE ABOVE DOCUMENTATION WILL BE AUTOMATICALLY DISQUALIFIED.

APPLICATIONS WITHOUT INFORMATION IN **ALL SECTIONS** WILL BE DISQUALIFIED.

1. Personal Particulars (According to Passport)			
Last Name			
First, Middle Name			
Title	Mr. ☐ Ms. ☐ Dr. ☐		
Sex	Male ☐ Female ☐ Transgender ☐		
Date of Birth	Date Month Year	**Age**	
Nationality **Country of Residence**			
Home Address			
Town/City			
County/State			
Post/Zip Code		**Country**	
Email Address			
Telephone | Home	Country Code + Number		
| Mobile	Country Code + Number		

2. Organisational Particulars			
Name of Organisation			
Address			
Town/City			
County/State			
Post/Zip Code		**Country**	
Telephone | Work	Country Code + Number		
| Fax	Country Code + Number		
Postition Held			

Duties & Responsibilities	
Communities Served by Organisation (Tick all that apply)	PLHIV ☐ TB ☐ Malaria ☐ Others: Women ☐ Children ☐ PUD ☐ MSM ☐ Youth ☐ Migrants ☐ Prisoners ☐ Indigenous Groups ☐ Sex Workers ☐ Refugees ☐ Others, please Specify:

3. Languages

Please, fill in languages that you are proficient in, and indicate your level of fluency by using the *drop-down boxes* by double-clicking on them.

Language	Understand	Speak	Read	Write
English				

4. Affiliation to Community/HIV/TB/Malaria

E.g. volunteer work, participation at major conferences, etc.

Dates (Years)	Organisation	Nature/Level of Affiliation
to		
to		
to		
to		
to		
to		

5. Have you had prior experience on a governing body of an organisation?

(example: Board of a local/regional/international NGO or Community Organisation, UNAIDS PCB, UNITAID, etc.)

If yes, please fill in relevant information, If no, please leave blank.

Dates (Years)	Organisation	Nature/Level of Affiliation
to		
to		
to		
to		

6. Criteria for Selection

a. Living openly with HIV: Yes ☐ No ☐ Not Applicable ☐

b. Living with or had Tuberculosis: Yes ☐ No ☐

c. Living in a malaria-endemic country: Yes ☐ No ☐

d. Working with communities affected by Malaria: Yes ☐ No ☐

e. Experience in the governance of global, regional, national institutions – including Boards of Health Institutions, Country Coordinating Mechanisms (CCMs), Boards of Civil

Society Organizations (CSOs) and/or Community Based Organizations (CBOs): Yes ☐ No ☐
f. Consistent internet, email and phone access: Yes ☐ No ☐

7. Short Narrative (Less than 500 words) Please provide a short narrative of your direct experiences with the Global Fund. This could be experiences as an implementer (PR, SR, SSR, etc), involvement in the country dialogue process, working on the CCMs or one of the technical committees, etc.

8. Short Narrative (Less than 1,000 words) Please provide a short narrative: (i) Outlining your community linkages; and (ii) Elaborate on at least 3 issues of your main expertise that you are working on affecting communities.

9. Short Narrative (Less than 500 words) Please name and explain three key **policy** issues you want to see changed within the Global Fund specifically to communities – this could be its structure, implementation, or role. Please refer to the specific policy/guidelines/guidance note, etc.

10. Short Narrative (Less than 500 words) Please provide your statement of commitment and reasons to why your participation is important to the Communities Delegation. Please also share what you will bring to the Communities Delegation and to the communities you are affiliated with.

11. Declaration			
☐ I certify that the information provided is true and correct, and I understand that providing false or misleading information will disqualify me from appointment, or if appointed, will render me liable to disciplinary action which could lead to dismissal from the Communities Delegation. ☐ I certify that I understand the Terms of Reference, Roles and Responsibilities associated with this position.			
Signed		**Date**	
	Type name as submitting electronically		