



Application for Board Director

Thank you for your interest in serving as a governance volunteer for the Board of Directors of the Nipigon District Memorial Hospital. Please review the section below and complete the application form and submit it along with your current resume to:

admin@ndmh.ca

Executive Assistant / Board Liaison

Nipigon District Memorial Hospital, PO Box 37, Nipigon, ON P0T 2J0

Eligibility criteria and conditions of appointment

- Be an individual who is at least eighteen (18) years of age;
- Not have the status of a bankrupt;
- Not be a person who has been found under the Substitute Decision Act, 1992 or under the Mental Health Act to be incapable of managing property;
- Not be a person who has been declared incapable of any court in Canada or elsewhere;
- No member of the professional staff or their * Associates are eligible;
- No employee of the Hospital or Family Health Team or their * Associates are eligible; and
- Directors must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.

*Associates: in relation to an individual means the individual's children, parents, siblings, spouse or common law partner, and includes any organization, agency, company, or individual (such as a business partner) with a formal relationship to the individual.

Application

First Name:

Last Name:

Home Address:

Phone:

Email Address:

Language Proficiency - English

French

Other:

1. Educational Background: please indicate institution attended, degree or credentials attained and year of completion.

2. Professional and Employment Background: please provide a chronology of all relevant work experience starting with the most recent. Indicate employer, your title/position, the dates you held the position and a summary of your responsibilities.

3. Community Involvement: please include the name of the organization served, your position and the dates you were involved.

4. **Memberships in professional organizations** *(if applicable)*

5. **Conflict of interest Disclosure Statement:** directors must avoid conflicts between their self interest and the duty to the hospital. Please identify any relationship(s) with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board or its committees.

6. **Additional information:** state experience which will support your ability to serve effectively as a member of the Board of Directors of NDMH.

7. **References:** please provide the names and contact information for two persons who could provide a reference for you. Include name, occupation, address and phone number.

Knowledge, Skills and Experience Inventory

This is a compilation of the skills, education and experiences that directors bring to the hospital. Tracking the skills and abilities of Directors helps the NDMH executive and senior team identify opportunities for board learning.

Please indicate your current knowledge, skills and experience for each category based on the following scale:

Advanced = 3 Immediate = 2 Beginner = 1 None = 0

	3	2	1	0
Accounting				
Board & Governance				
Business Management				
Clinical				
Construction & Project Management				
Diversity Issues				
Education				
Ethics				
Finance				
Government & Government Relations				
Health Care Administration & Policy				
Human Resources Management				
Information Technology				
Labour Relations				
Patient & Health Care Advocacy				
Political Acumen				
Public Affairs & Communications				
Quality & Patient Safety Management				
Quality & Performance Management				
Research				
Risk Management				
Stakeholder Engagement				
Strategic Planning				

Signature:

Date: