



Huron Perth Healthcare Alliance BOARD OF DIRECTORS

APPLICATION FOR MEMBERSHIP

Applicant Information

Surname:		First Name:	
Home Address:			
City:		Province:	
		Postal Code:	
Home Phone Number:		Business Phone Number:	
E-mail Address:			
Preferred Method of Contact:	Home Phone <input type="checkbox"/>	Business Phone <input type="checkbox"/>	E-mail <input type="checkbox"/>

Eligibility Criteria, Conditions of Appointment & Statement of Commitment

I, the undersigned, hereby apply to be considered for appointment as a Director of the Corporation, and in doing so, acknowledge and declare that: (please check each statement below to indicate your acknowledgement)

- I am at least 18 years of age
- I am not an undischarged bankrupt
- I am not a member of the Corporation's Professional Staff or an employee of the Corporation (not applicable to ex officio Directors)
- I am not a spouse, common-law partner, same sex partner, dependent child, parent, brother or sister of a member of the Corporation's Professional Staff or a current member of the Board of Directors
- I can regularly attend monthly Board and Committee meetings. (Meeting schedules are provided in advance)
- I could, with notice, attend additional meetings when required
- I understand that if chosen to proceed through the interview process, a Police Criminal Record Check will be required and any nomination will be contingent on the completion of this process.

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the Alliance. In the space below, please identify any relationship with any organizations that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

Board Experience

Please outline current or prior Board experience.

Organization:	Dates:	Offices Held (if any):

Knowledge, Skills and Experience

The HPHA Board of Directors wants to ensure that members of the Board have the necessary skills and experience to govern the Corporation. It is important that the Board reflects the breadth, depth and diversity of Huron and Perth, including demographic, cultural economic, geographic, and social characteristics of the community served.

The Board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. Please indicate only those areas that apply to you.

<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Political Acumen
<input type="checkbox"/>	Board & Governance	<input type="checkbox"/>	Government/Government Relations	<input type="checkbox"/>	Public Affairs & Communication
<input type="checkbox"/>	Business Management	<input type="checkbox"/>	Health Care Administration/Policy	<input type="checkbox"/>	Quality & Patient Safety
<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Research
<input type="checkbox"/>	Construction/Project Management	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Diversity	<input type="checkbox"/>	Labour Relations	<input type="checkbox"/>	Stakeholder Engagement
<input type="checkbox"/>	Education	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Ethics	<input type="checkbox"/>	Patient & Health Care Advocacy	<input type="checkbox"/>	Other (please explain)

Interview Availability:

If selected for an interview, please indicate your availability below (*check all that apply*):

- May 3, 2018 (morning)
- May 3, 2018 (afternoon)
- May 10, 2018 (morning)

Declaration

By submitting this application, I declare the following;

- I agree to act as a Director of the Corporation and, in my capacity as a Director of the Corporation, I shall at all times act honestly and in good faith, in the best interest of the Corporation and abide by the Corporation's By-Laws and all governing legislation.
- I understand that the term that I may serve as a Director is to be determined.
- I meet the eligibility criteria and accept the conditions of appointment set out above.
- I certify that the information in this application and in my resume or biographical sketch is true.

Print Name of Applicant

Signature of Applicant

Date

Please submit this application form along with a copy of your current resume or a brief biographical sketch to:

Sue Davey, Executive Assistant
 Huron Perth Healthcare Alliance
 46 General Hospital Drive
 Stratford, ON N5A 2Y6
 Email: susan.davey@hpha.ca

Deadline for Applications: April 30, 2017