Huron Perth Healthcare Alliance
LOCAL ADVISORY COMMITTEE

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 ☐ Business Phone ☐ E-mail ☐		

Eligibility Criteria, Conditions of Appointment & Statement of Commitment

I, the undersigned, hereby apply to be considered for appointment as a Local Advisory Committee member, 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 Local Advisory Committee and Board Committee (if appl) 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

Members 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 Local Advisory Committee.

Board Experience

Please outline current or prior Board experience.

Organization:	Dates:	Offices Held (if any):

Knowledge, Skills and Experience

The HPHA seeks a complementary balance of knowledge, skills, and experience for our Local Advisory Committees. Please indicate your areas of expertise 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.

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

Declaration

By submitting this application, I declare the following;

- 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