

Nominee Information & Consent Form

I, _____ (print), am currently an Active Individual Member in good standing, or the Designated Representative of an Active Member in good standing, or an Honorary Member (Bylaw 6.5) of BC Hospice Palliative Care Association and accept the nomination for the position of _____. I have read the role description for the position and understand the responsibilities as a member of the Board of Directors. I support the direction and policies of the BCHPCA. I do not know of any current or potential conflicts of interest in filling this position.

Signature _____

Witness _____ Date _____

Hospice Palliative Care experience:

Total years of hospice palliative care experience _____

Experience in: (please check)

- Clinical Administration Board Fund (resource) development
- Regional or local program development Advocacy Event planning Communications
- Policy development Financial management Local HPC board/committees
- Provincial HPC board/committees National HPC board/committees
- Other related experience (please describe) _____

Employment: Name of employer _____ Position _____

Required attachments:

1) **Expression of interest:** Attach a statement of 500 words or less that outlines your qualifications and reasons for seeking this position. Highlight skills, education and experience. Identify the reasons for wanting to be a Director and your awareness of the duties and responsibilities of Directors. This will be sent to voting members and be placed on the BCHPCA website.

2) **Two supporting letters** from BCHPCA nominators.

**Nominations must be received by BCHPCA via mail, email or fax, no later than:
Tuesday, April 3, 2018**

BCHPCA,
1100-1200 West 73rd,
Vancouver, V6P 6G5 office@bchpca.org (email)

1-604-267-7024 (phone)

1-604-267-7026 (fax)

1-877 410 6297 (toll free)