

Belleville
Nurse Practitioner-Led Clinic

Clinique dirigée par du personnel
infirmier praticien **Belleville**

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Board of Directors Application Form

Qualifications

I, _____ the undersigned, hereby apply to be considered for election as a Director on the Board of the Belleville Nurse Practitioner Led clinic, and in doing so, acknowledge and declare that I:

(Please check each statement below to indicate your acknowledgement).

- am eighteen (18) or more years of age;
- am not an undischarged bankrupt;
- am not an excluded person which means:
 - (i) any individual who provides goods or services to the Corporation whether through a contract of or for services, including employees; or
 - (ii) any Associate of an individual listed in clause (i) above;
- do not have a criminal record;

Residential Address:

My residential address is

Work Address:

My work address is: (if not applicable please indicate)

Our mission. Your health.

My Contact Information: (please indicate any restricted use)

Home telephone number: _____

Cell phone number: _____

Business telephone number _____

Email address: _____

Expectations of a Director:

I confirm that I will:

support the Mission and Values Statement of the BNPLC;

devote the time and effort required of me to be an effective Director including participation at Board orientation, regular and special meetings, retreats, educational functions, and Corporate events, and accept appointment to Standing or Special Committees that the Board may establish that, in its discretion, will be in the best interest of the Corporation;

receive no compensation for my services as a Director although I may be reimbursed for out-of-pocket expenses incurred for approved meetings and educational events in relation to the performance of my duties as a Director.

Profile:

The Belleville Nurse Practitioner-Led Clinic (BNPLC) believes in building a strong and effective Board of Directors. Keeping it vital requires a systematic, ongoing, planned approach to our Board recruitment process. Selection, nomination and orientation of qualified, motivated new Board Directors is the key to building a strong Board. The BNPLC strives to ensure the Board of Directors has a balance of necessary knowledge, skills and experience in selecting Directors.

Please provide us with the following information. Please check all that apply;

- a. I identify myself as having
- 1. a basic understanding of Primary Health Care delivery;
 - 2. a basic understanding of the role of the Nurse Practitioner (N/P) in Primary Health Care delivery;

- b. I have the skills or experience in the following areas: (please check all that apply)
- 1. prior experience in governance on boards;
 - 2. strategic planning experience;
 - 3. experience in the management and restructuring of complex organizations;
 - 4. understanding of the diverse needs and the community and health services available to the residents served by the BNPLC;
 - 5. familiarity with the South East Local Health Integration Network (SE LHIN);
 - 6. knowledge and experience in business and management;
 - 7. knowledge and experience in project management;
 - 8. understanding of fiscal and financial matters;
 - 9. understanding of legal matters;
 - 10. knowledge and experience in human resource management;
 - 11. knowledge and experience in quality and performance management;
 - 12. knowledge and experience in communication and information technology;
 - 13. knowledge and experience in political advocacy; and
 - 14. knowledge and experience in government and public relations.
- c. My current occupation is: _____ Retired: ()

Applicant Attachments:

I have attached:

1) a cover letter that highlights my interest in the BNPLC model of Primary Health Care delivery and my knowledge, skills and experience relevant to serving as a Director; and

2) my resume.

If my application is approved, I will

submit a copy of my recent Police Information Check (PIC) showing that I have not been convicted of any criminal offence for which a pardon has not been granted; OR

apply immediately for and submit a copy of my PIC when received.

Conflict of Interest:

Below, I disclose my participation or affiliation with any organizations that may create an actual or perceived conflict of interest with the BNPLC:

Declaration:

If my application is approved, I agree to act as a Director of the Belleville Nurse Practitioner Led Clinic (BNPLC). I shall at all times act honestly and in good faith. I acknowledge the Directors of the BNPLC must act in the best interests of the BNPLC as a whole and not solely in the interest of the community in which the clinic resides. I fully understand that any errors in my application may result in my application for consideration as a Director being refused or my directorship being revoked. I undertake to advise the BNPLC immediately in writing of any change in the information contained in this Application.

Print Name of Applicant

Signature of Applicant

Telephone number where Applicant may be reached during the daytime:

Date: _____

We thank all applicants but only those candidates successful in obtaining interviews will be contacted.

Board Use Only:

Date _____ *Application approved, subject to receipt of a positive PIC*

Nominating Committee Chair _____