



## Application for Board Director

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

reception@ndfht.ca

Receptionist

Nipigon District Family Health Team, PO Box 308, Nipigon, ON P0T 2J0

### Eligibility criteria and conditions of appointment

- Be an individual who is at least eighteen (18) years of age;
- 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 employee of the Family Health Team or their associates\* are eligible
- 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.

Include in resume: educational background, professional and employment background, community involvement/volunteer experiences, and any memberships in professional organizations

### Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Language Proficiency – English  French  Other: \_\_\_\_\_

**Conflict of interest Disclosure Statement:** directors must avoid conflicts between their self interest and the duty to the NDFHT. 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.

Knowledge, Skills and Experience Inventory

This is a compilation of the skills, education and experiences that directors bring to the Nipigon District Family Health Team. Tracking the skills and abilities of Directors helps the NDFHT 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**

	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Strategic Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Skills*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management/Audit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance Measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governance/Accountability Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other**(specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*Clinical skills that could come from clinicians affiliated with the FHT or from elsewhere in the community

\*\*Other categories can include Dispute Resolution, Public Complaints, Capital Planning

Signature: \_\_\_\_\_

Date: \_\_\_\_\_