

## 2021-22 KHSC Board of Directors - Application Form

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

**Contact phone numbers and email:**

Business phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Preferred method of contact (Please select one):**

- Home number
- Business number
- Cell number
- Email

**Additional Information:**

- Anglophone
- Francophone
- Other (please specify other language(s) spoken/written:  
\_\_\_\_\_

**I can confirm that I have the qualification of:**

- Chartered / professional accountant designation

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

The Governance Committee seeks a complementary balance of knowledge, skills and experience. Please indicate your areas of knowledge, skills and experience by completing the following listing or by simply listing your skills in the other box and the end of this question.

	Basic	Intermediate	Advanced
Board & Governance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Construction & Project Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governance & Government Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care Administration & Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources / Talent Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient & Health Care Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Political Acumen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality & Performance Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stakeholder Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<hr/>		

**Please list current or prior board experience**

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**Which areas of board work are of particular interest to you?**

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**Please describe linkages you have or may have had with other health care organizations in the community or region.**

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**Declaration Requirements:**

Applicants are required to review several important documents located on our website to support the application process.

By submitting this application, I declare that I have read the documents noted below and I accept the conditions as outlined. I certify that the information in this application and provided in my resume or bio sketch is accurate.

- Board Policy - Process for Nominations of Directors
- Board Policy - Position Description - Board of Directors
- Board Policy - Code of Conduct
- Board Policy - Conflict of Interest
- Board Policy – Confidentiality
- Board Policy - Board Orientation
- Board Policy - Board & Committee Attendance

**Resume / Bio Sketch (Please indicate method of delivery):**

- Will be emailed to [KHSCceo@kingstonhsc.ca](mailto:KHSCceo@kingstonhsc.ca)
- Will be faxed to 613-544-8333
- Will be mailed to: Kingston Health Sciences Centre, CEO Office, HDH Site, Jeanne Mance 6, Kingston K7L 5G2

Print Name: \_\_\_\_\_

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

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