

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:

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
Accounting			
Board & Governance			
Business Management - Environment			
Clinical			
Construction & Project Management			
Diversity			
Issues			
Ethics			
Finance Management			
Governance & Government Relations			
Administration & Policy			
Human Resources & Labour Relations			
Information Technology Leadership			
Legal			
Patient Health Care Advocacy			
Political Acumen			
Public Affairs & Communication			
Quality & Patient Safety Management			
Research			
Risk Management			
Strategic Planning			
Other			

Please list current or prior board experience

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

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

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
- Will be faxed to 613-
- Will be mailed to: Kingston Health Sciences Centre, CEO Office, HDH Site, Jeanne Mance 6,
Kingston K7L 5G2

Print Name: _____

Signature: _____

Date: _____