**Bruyère Board of Directors**

**Board Director and Community Representative Application Form**

# Instructions

* 1. To apply to be appointed as a Board Director or Community Representative at Bruyère Continuing Care, you must complete this application and submit it with a copy of your current resume or biographical sketch.
  2. Please submit your completed application and resume by email or using to the address below:

[nboyer@bruyere.org](mailto:esampson@bruyere.org)

Secretary of the Board of Directors

Bruyère Continuing Care

43 Bruyère Street, Room 745E

Ottawa, ON K1N 5C8

Tel: 613-562-6262 (x 4093)

* 1. For more information about this application process, please contact Nicole Boyer

# Applicant Contact Information

|  |
| --- |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile🕿:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other 🕿:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email 🖳: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Home Address**  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit #:\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prov:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Eligibility Criteria and Conditions of Appointment

* 1. Directors must be at least 18 years old.
  2. Undischarged bankrupts are ineligible to serve as members.
  3. Each director is expected to commit the time (on average 10 to 12 hours per month) required to perform board and committee duties. Community Representatives are expected to spend 3 to 4 hours per month on committee work.
  4. Directors must fulfill the requirements and responsibilities of the role – for example, preparing for and attending meetings, upholding fiduciary obligations and working cooperatively and respectfully with colleagues. Must comply with legislation governing the corporation, the corporation’s by-laws and policies, and all other applicable rules.
  5. Directors and committee representatives must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
  6. As a Catholic healthcare sponsored organization, all director nominations are subject to review and approval by our Sponsor, Catholic Health Sponsors of Ontario.

# Conflict of Interest Disclosure Statement

1. Board directors and committee representatives must avoid conflicts between their self-interest and their duty to the corporation. In the space below, identify any relationship 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 board committee.

# Knowledge, Skills and Experience

1. The board seeks a complementary balance of knowledge, skills and experience among board committee members. Please indicate your areas of knowledge, skills and experience by checking the appropriate boxes below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Knowledge, skills and experience** | | | | | | | |
| **Accounting & Finance** | | | | **Health Care Administration and Policy** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Business Management** | | | | **Information Technology** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Clinical** | | | | **Labour Relations** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Construction and Project Management** | | | | **Legal** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Corporate Governance** | | | | **Public Affairs, Advocacy & Communications** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Education & Research** | | | | **Quality & Safety Performance** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Ethics** | | | | **Risk Management** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **French Language** | | | | **Strategic Planning** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Human Resources Management** | | | | **Systems Thinking** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |
| **Government Relations/Government Processes** | | | | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| None | Basic | Intermediate | Advanced | None | Basic | Intermediate | Advanced |

1. Please list current or prior experience either at the board or board committee level.
2. Which areas of governance work are of particular interest to you?
3. Please describe any linkages you have or may have had with other health care groups within the community.

# Commitment to mission and values

1. Directors and community representatives serve as stewards for the organization. They govern and lead to create an environment that translates the mission and values into policies, programs and strategic direction. Describe in your own words how you can contribute to the mission and values of Bruyère and promote its Catholic identity (use separate page if needed).

# Declaration

By submitting this application, I declare the following:

* 1. I meet the eligibility criteria and accept the conditions of appointment set out above;
  2. I have read and agree to comply with the following:
     1. Duties and Expectations of Directors of Catholic Healthcare Institutions;
     2. Roles and Responsibilities of the Board;
     3. Roles and Responsibilities of Directors;
     4. Community Representative Appointment and Responsibilities;
     5. Conflict of Interest Policy and form
  3. If applying for a director position, and my application to is approved, I agree to act as a Director of the Corporation and, in that capacity, I shall at all times act honestly and in good faith, in the best interest of the Corporation and abide by the Corporation’s By-Laws and all governing legislation. I understand that the term that I may serve as a Director is to be determined and that my application must be approved by the corporation’s sponsor, Catholic Health Sponsors of Ontario.
  4. 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 Corporation immediately in writing of any change in the information contained in this application.
  5. I give permission to the Corporation to investigate the references provided.

Name of Applicant (please print)

Signature of Applicant

Date *(yyyy/mm/dd)*