

## TIMMINS AND DISTRICT HOSPITAL (the "Corporation")

## **Application to Become a Director**

	I am at least eighteen (18) years of age;
	I am not an undischarged bankrupt;
	I live in the District of(which is in the Hospital's "Catchment Area");
	I am not a member of the Professional Staff other than the members of the Medical Staff appointed to the Board pursuant to the Public Hospitals Act;
	I am not an employee other than the Chief Executive Officer and Chief Nursing Executive; and
	I am not a spouse, common law partner, dependent child, parent or sibling of a part-time or full-time employee (excluding students and casual employees) or full-time member of the Professional Staff;
	I am not a person convicted of a criminal offence.
Resi	dential Address & Telephone Number:

4.

Applic	Review of Director's Responsibilities: I confirm that I have reviewed Schedule "A" to this Application and agree that, if I am appointed as a Director of the Corporation, I: [please check each statement below to indicate your acknowledgement]									
	adhere to the principles of governance set out in section 3.10 and the Corporation's vision, mission and core values;									
	work positively, co-operatively and respectfully as a member of the team with other Directors and with the Corporation's management and staff;									
	respe	respect and abide by Board decisions;								
	serve on at least one (1) standing Committee;									
	regul	regularly attend Board and Committee meetings;								
	complete the necessary background preparation in order to participate effectively in meetings of the Board and its Committees;									
	keep informed about:									
	(a)	matters relating to the Corporation;								
	(b)	the health needs of the community served;								
	(c)	other health care services provided in the region; and								
	(d)	health preservation programs;								
	participate in initial orientation as a new Director and in on-going Boa education;									
	participate in an annual self and peer evaluation of the Board and individual members;									
	abide by the Conflict of Interest and Standards of Care provisions contained i this By-Law; represent the Board, when requested;									
	-	a Board of Directors' Annual Declaration Form to confirm that you will adhere pard Policies.								

5. Profile: I understand that the Corporation wishes to ensure that its Board of Directors has the necessary skills and experience to govern the Corporation and that the Board reflects the breadth, depth and diversity of the communities in the Hospital's Catchment Area. To assist in establishing a Board that meets these objectives, I am voluntarily providing the information requested below:

(a)	[please check all that apply]				
		prior experience in governance;			
		strategic planning experience;			
		experience in the management and restructuring of complex organizations;			
		understanding of healthcare needs, issues and trends;			
		understanding of the diverse needs of the region;			
		previous experience in the health field;			
		awareness of provincial healthcare trends;			
		demonstrated leadership on behalf of the needs of patients and families;			
		knowledge and experience in business and management;			
		knowledge and experience in construction projects, including project management, architecture, engineering;			
		knowledge and experience in education;			
		understanding of fiscal and financial matters;			
		understanding of legal matters;			
		knowledge and experience in health professional education;			
		knowledge and experience in human resource management;			

		knowledge and experience in communications and information technology;					
		□ kr	nowledg	e and experience	in government and publ	ic relations; and	
		□ 0	ther:				
	(b)	My currer	nt occup	ation is:			
	(c)	Language	es:	English			
				French			
				Others:			
5. 7.	Resu	<u>ıme:</u> I attacl	п а сору	of my current brief	resume. <b>[Please attac</b>	h]	
B. Conflict of Interest: Below I disclose my participation or business affiliation worganizations that may create an actual or perceived conflict of interest with the Corporation:							
n my	capaci est inte	ty as a Direc	ctor of th	ne Corporation, I sh	all at all times act hone	of the Corporation and, stly and in good faith, in aws and all governing	
PRIN	T NAMI	E OF APPLI	CANT		_		
SIGN	ATURE	OF APPLI	CANT		DATE		