



**Hanover and District Hospital**  
*Application to Become a Governor and Statement and Acknowledgment of Eligibility*

**1. Instructions:**

- a) To apply to be a Governor on the Hanover and District Hospital Board of Governors, you must complete this form and submit it with a copy of your current resume.
- b) Please submit your completed form and resume by mail, fax, or e-mail to the following address:  
 Katrina Wilson, President & CEO  
 Hanover and District Hospital, 90-7th Avenue, Hanover, ON N4N 1N1  
[kwilson@hdhospital.ca](mailto:kwilson@hdhospital.ca)  
 Fax: 519-364-3984
- c) The deadline for applications is sixty days prior to the date of the annual meeting of the Corporation.
- d) For further information about the application process, please contact Katrina Wilson.

**2. Applicant Contact Information:**

<b>Surname:</b>	<b>First Name:</b>	
<b>Home Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Number of years at this address:</b>		
<i>If the above has been your residence for less than 3 months, please give previous residential address:</i>		
<b>Home Phone Number:</b>	<b>Business Phone Number:</b>	
<b>E-mail Address</b>	<b>Work Address: (if not applicable, please indicate):</b>	
<b>Preferred Method of Contact:</b> Home Phone <input type="checkbox"/> Business Phone <input type="checkbox"/> E-mail <input type="checkbox"/>		

**3. Eligibility Criteria and Conditions for Appointment.**

- a. I am at least eighteen (18) years of age;
- b. I am not an undischarged bankrupt;
- c. I am not a member of the medical or dental staff of the hospital;
- d. I am not a current employee of the hospital;
- e. I am not a spouse, child, parent, brother or sister of any current or previous 2 qualifications, nor the spouse of any such child, brother, or sister;

- |  | Yes                      | No                       | If yes, please provide details |
|--|--------------------------|--------------------------|--------------------------------|
| • Have you ever been convicted of a criminal offence relating to financial dishonesty, tax evasion, theft, fraud or any other criminal offence relevant to operating a charity?  | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| • Have you been convicted of a non-criminal offence within the past 5 years, relating to financial dishonesty or any other offence relevant to the operation of a charity, including charitable fundraising legislation, consumer protection legislation and securities legislation? | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| • Have you been a governor, officer or manager of a charity during the period that charity engaged in serious non-compliant conduct that resulted in a revocation of charitable status, within the past 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| • Have you ever been a promoter of a tax shelter that resulted in the revocation of a charity's charitable status?   | <input type="checkbox"/> | <input type="checkbox"/> |                                |

**4. Conflict of Interest Disclosure Statement:**

Governors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization or individual that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

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**5. Knowledge, Skills, and Experience:**

I understand the board seeks a complementary balance of personal qualities, knowledge, skills, and experience. I have indicated my areas of knowledge, skills and experience by completing Appendix A.

**6. Declaration:**

By submitting this application, I declare the following:

- a) I meet the eligibility criteria and accept the conditions of appointment set out above;

b) I certify that the information in this application and in my resume is true.

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

*Personal information will be used and disclosed only to facilitate the selection process for the Board. If selected for election, the information will be held for the purpose of conducting the business of the Board and the Corporation.*

**Knowledge, Skills, and Experience:**

Please indicate your areas of knowledge, skills, and experience by rating yourself below. It is not expected that you possess knowledge, skills or experience in all the areas set out in the table. Please indicate only those areas that apply to you.

Advanced = 3	Good = 2	Fair = 1	None = 0	
Finance/Accounting .....	3	2	1	0
Business Management .....	3	2	1	0
Human Resources Management/Labour Relations .....	3	2	1	0
Health Care Administration & Policy.....	3	2	1	0
Clinical/ Patient & Health Care Advocacy .....	3	2	1	0
Government & Government Relations /Political Acumen.....	3	2	1	0
Construction & Project Management .....	3	2	1	0
Legal .....	3	2	1	0
Strategic Planning .....	3	2	1	0
Risk Management .....	3	2	1	0
Information Technology.....	3	2	1	0
Confidentiality & Privacy.....	3	2	1	0
Education .....	3	2	1	0
Ethics /Research.....	3	2	1	0
Quality & Performance Management.....	3	2	1	0
Board & Governance.....	3	2	1	0
Public Affairs & Communications including Social Media.....	3	2	1	0

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date