



## APPLICATION FOR BOARD / COMMITTEE OF THE BOARD MEMBERSHIP

### PERSONAL:

Name: \_\_\_\_\_  
(Preferred Title: Dr. Ms., Mr., etc) (Surname), (Given Name)

Preferred Pronouns: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, Line 1)

\_\_\_\_\_  
(Street, Line 2)

\_\_\_\_\_  
(City) (Postal Code)

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

Mobile: \_\_\_\_\_

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

### BUSINESS (if applicable):

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street, Line 1)

\_\_\_\_\_  
(Street, Line 2)

\_\_\_\_\_  
(City) (Postal Code)

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

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

Preferred method of communication:

☐ Home phone

☐ Personal Email

☐ Business phone

☐ Business Email

☐ Mobile

Preferred language of communication:

☐ English

☐ Other (please specify): \_\_\_\_\_

### **DIVERSITY and INCLUSION SELF-IDENTIFICATION (VOLUNTARY):**

St. Joseph's Health Care London (St. Joseph's) believes that everyone should be treated fairly and equitably. As we promote diversity, equity, inclusion and belonging in the workplace to ensure everyone thrives, we are keen to engage an intersectionally diverse representation at all levels of our organization. We strongly believe that a diverse Board and Committees of the Board brings richness of thought, experiences, knowledge and perspectives, and guides us to maintain a high performance and to make inclusive and equitable decisions. All qualifications, abilities, and professional and non-professional experiences that are considered critical to improving excellence in healthcare delivery at St. Joseph's are welcome. As such we strongly encourage applicants from [equity-deserving groups](#) to apply.

We are collecting diversity information about our applicant pool through a short questionnaire (items A through D below). Identifying as a member of a diverse group will help create an accurate picture of our candidate pool. We assure you that St. Joseph's is a safe environment in which to self-identify.

Completion of the questionnaire below (items A through D) is **voluntary**, but we do ask that you answer "Wish not to disclose" if you do not want to participate in the questionnaire, in whole or in part. We respect your decision to select the option "Wish not to disclose". Please be assured it will not affect the consideration of your application.

#### **A. Gender**

Female ☐ Male ☐ Non-Binary ☐ Other ☐ Wish not to disclose ☐

Visit this [website](#) for a comprehensive list for selecting "other":

#### **B. Do you identify as a member of an [equity-deserving group](#)?**

☐ Yes ☐ No Wish not to disclose ☐

If yes, please specify:

**C. Persons with Disabilities**

Persons with disabilities are persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment who may potentially face structural disadvantages because of that impairment as defined by the *Ontario Human Rights Code*. This includes people whose functional limitations due to their impairment have been accommodated in their current job or workplace (e.g., by the use of technical aids, changes to equipment or other working arrangements). Examples of disabilities include, but are not limited to:

- **Coordination or dexterity impairment**  
(e.g., difficulty using hands or arms, such as grasping objects or using a keyboard)
- **Mobility impairment**  
(e.g., difficulty moving from one office to another, walking long distances or using stairs)
- **Blindness or visual impairment**  
(e.g., unable to see or difficulty seeing, glaucoma; however, do not include yourself if you can see well with glasses or contact lenses)
- **Speech impairment**  
(e.g., unable to speak or difficulty speaking and being understood)
- **Deafness or hearing impairment**  
(e.g., unable to hear or difficulty hearing)
- **Other disabilities**  
(e.g., learning, developmental and other types of disabilities)

Are you a person with a disability?

Yes ☐

No ☐

Wish not to disclose ☐

**D. Care Partner**

Do you have Patient, Resident, Family Member or Caregiver lived experience in healthcare that would be beneficial as a Committee Member or Board Director?

Yes ☐

No ☐

Wish not to disclose ☐

**E. Accommodations**

St. Joseph's is committed to providing accommodations during the application process and board participation. Please indicate below any specific accommodations you may require.

**F. Disclosure of Information**

I agree to have my Diversity and Inclusion information disclosed to the Nominating Subcommittee of the Governance Committee of the Board for the purposes of the nominating process.

Yes ☐

No ☐

***\*\*If you are submitting a copy of your CV with this application, you may skip ahead to the Skills and Experience section\*\****

**VOLUNTEER EXPERIENCE: (Please include as much detail as possible)**

NAME OF ORGANIZATION / LOCATION	DATES OF SERVICE	CONTACT NAME	DETAILED DESCRIPTION OF YOUR RESPONSIBILITIES

**WORK EXPERIENCE:**

NAME OF BUSINESS / LOCATION	DATES OF SERVICE	CONTACT NAME	MAIN RESPONSIBILITIES

**HIGHEST LEVEL OF EDUCATION COMPLETED:**

NAME OF INSTITUTION / LOCATION	PROGRAM	DEGREE / DIPLOMA/ CERTIFICATION ATTAINED

## SKILLS & EXPERIENCE:

St. Joseph's seeks a complementary balance of knowledge, skills and experience for the Board and Committees of the Board. It is not expected that you possess knowledge, skills or experience in all areas set out in the table below. To assist in assessing our collective skills, please rate **only** those skills that apply to you. The following provides some general guidance for the three categories:

**Advanced:** formal education/degree and/or significant work experience/knowledge in the area

**Intermediate:** some education/training and/or moderate work experience/knowledge of the area

**Basic:** minimal understanding of the area and no specific education/training or work experience

Category	Advanced	Intermediate	Basic
Finance Management / Accounting / Investment			
Business Management			
Human Resources Management			
Health Care Administration & Policy			
Clinical Care			
Patient & Health Care Advocacy			
Quality and Performance Management			
Ethics			
Knowledge of equity, diversity, inclusion and belonging and social justice issues			
Reconciliation with Indigenous Peoples			
Legal			
Education			
Research			
Risk Management			
Strategic Planning			
Information Technology / Systems			
Board Governance			
Government & Government Relations			
Construction & Project Management			
Public Affairs & Communications			
Marketing / Branding / Fundraising			
Speak/Write in a language other than English (please specify):			

**IS THERE ANYTHING ADDITIONAL ABOUT YOUR BACKGROUND YOU FEEL WOULD BE OF VALUE TO THE BOARD OR COMMITTEES OF THE BOARD THAT YOU WOULD LIKE TO SHARE?**

**WHY ARE YOU INTERESTED IN VOLUNTEERING FOR ST. JOSEPH'S HEALTH CARE LONDON BOARD OF DIRECTORS / COMMITTEES OF THE BOARD?**

**REFERENCES: (PEOPLE WHO KNOW YOU THROUGH YOUR VOLUNTEER OR BUSINESS ACTIVITIES)**

<b>NAME</b>	<b>ORGANIZATION</b>	<b>CONTACT INFORMATION (if references not attached)</b>

The personal information requested on this Application Form is being collected and used by St. Joseph's Health Care London Board of Directors, the Governance Committee of the Board, the Nominating Subcommittee of the Governance Committee of the Board and staff members considering your nomination to evaluate the suitability of potential candidates for nomination to the Board of Directors of St. Joseph's Health Care London or for nomination to Committees of the Board based on current skills, knowledge, and diversity gaps. The information on this form will not be disclosed except as required for the above noted purpose, or used for other purposes without the prior approval of the individual completing this application.

Type your name: \_\_\_\_\_

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

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*(For office only)*

**REVIEWED BY NOMINATING SUBCOMMITTEE OF THE GOVERNANCE COMMITTEE OF  
THE BOARD ON:**

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

**Action Taken:**

- ☐ Candidate to be contacted to clarify information provided on application
- ☐ Candidate to be interviewed
- ☐ Candidate determined not to move forward in the nominating process
- ☐ Conflict of Interest identified

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_