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|  | Canadian Public Health Association**2017 Nomination Form** |
| The nomination form must be accompanied by:* A statement of eligibility (maximum 500 words, in Word format) from the nominee indicating how his/her experience fits with the skills and strategic areas being sought by the Nominating Committee; and
* The contact information of the two (2) nominators.

In addition to the above, candidates have the option to include any or all of the following at their discretion:* Photo (head and shoulders)
* Link to a video message
* Link (one) to an online profile (e.g., LinkedIn)

Each Nominee and Nominator must be a CPHA member in good standing. |
| **Nominee** |
| Name of Nominee |       | Membership ID Number |       |
| Address |       |
|  |       |
| City |       | Province |       | Postal Code |       |
| Telephone (daytime) |       | E-mail |       |
| [ ]  | I hereby acknowledge and give my consent as a Nominee for the CPHA Board of Directors 2017 Elections |
|  |  |
| **Nominator #1** |  |
| Name of Nominator #1 |       | Membership ID Number |       |
| Address |       |
|  |       |
| City |       | Province |       | Postal Code |       |
| Telephone (daytime) |       | E-mail |       |
|  | CPHA will contact each Nominator to confirm their support of your nomination |
|  |  |
| **Nominator #2** |  |
| Name of Nominator #2 |       | Membership ID Number |       |
| Address |       |
|  |       |
| City |       | Province |       | Postal Code |       |
| Telephone (daytime) |       | E-mail |       |
|  | CPHA will contact each Nominator to confirm their support of your nomination |
|  | Canadian Public Health Association**Nominee’s Statement** |
|  |
| Name of Nominee |       |
|  |
| **Please provide a brief statement (maximum 500 words, in MS WORD format).** |
| Candidates are invited to consider the following suggestions in drafting their statement:* Write in the first person (i.e., I did this, I support that)
* Consider including information in the following categories:
	+ Background including education
	+ Relevant work experience
	+ Skills and interest related to the strategic areas being sought
	+ Why you are standing for election and what you hope to achieve as a Director
* This statement is your introduction to members who do not know you, so endeavour to represent your personality and interests accurately
 |
|       |
| Optional link to video message: |       |
| Optional link to online profile: |       |
| If you choose to include your photograph with your statement, please include it as an attachment when submitting your nomination form. |

All nominations must be received by the office of the Executive Director no later than 17:00 (ET) September 7, 2017. Addressed to:

Nominating Committee

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

E-mail: nominations@cpha.ca Fax: 613-725-9826

You will receive an e-mail confirmation of receipt of your nomination.

**NOMINATIONS RECEIVED AFTER 17:00 (ET) SEPTEMBER 7, 2017**

**WILL NOT BE CONSIDERED.**