

**NOMINATION FORM – BOARD MEMBER**

**Please send completed forms to one of the following:**

202-245 Menten Pl, Ottawa, ON K2H 9E8

Email: [info@ccpa-accp.ca](mailto:info@ccpa-accp.ca)

Fax: 613-237-9786

Name of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominators[[1]](#footnote-1): 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Note: Whether the nominee is self-nominating or nominated by another CCPA member,*

*two (2) signatures other than the nominee must appear above.]*

Position sought: □ Board member (please specify area of representation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* President-Elect
* **Indigenous Director**

CCPA Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified Canadian Counsellor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR □ not applicable

Years of counselling experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_

Years as counsellor supervisor/educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level of academic achievement in counselling area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant skills related to volunteer boards (check as many as apply):

* Policy development/governance □ Advocacy
* Financial oversight/budgeting □ Media relations
* Research and planning □ Outreach
* Collaborative problem-solving □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memberships in Counselling-related Associations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* □ The CCPA may contact above-named Associations for confirmation of status.

YES NO

If no, please indicate the individual that you prefer CCPA contacts for status confirmation.

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**Geographic location (current): Geographic Location (experience):**

Province/Territory:\_\_\_\_\_\_\_\_\_\_\_ Provinces/Territories/Countries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community (current): Community (experience):

❑ remote ❑ remote

❑ urban ❑ urban

❑ suburban ❑ suburban

❑ rural ❑ rural

❑ other: (e.g., reserve, colony) ❑ other: (e.g., reserve, colony)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language (speak, write, and understand):

❑ English

❑ French

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Vitae: □ □ (Nominations will not be processed without a current CV)

YES NO

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Previous CCPA Involvement or Board experience (please include dates):

Why do you wish to become part of the CCPA Board?

Additional Comments:

1. **For the position of Board Member**, nominators must be two (2) voting members of CCPA (other than the nominee) and must be from the region for which you are applying; each nominator’s name must be printed followed with his/her signature. **For the position of President-Elect and Indigenous Director**, nominators must be two (2) voting members of CCPA in Canada. [↑](#footnote-ref-1)