

MIDDLESEX HOSPITAL ALLIANCE
Board of Director

Application for Membership
Director/Community Committee Member

The Middlesex Hospital Alliance is governed by a knowledge-based Board of Directors comprised of 11 elected and 6 ex-officio members. A Board's composition should reflect a blend of expertise, experience, external contacts and personal characteristics that, assembled together as a team, advance the mission, vision and principles of the organization.

The Board of Directors of the MHA has also determined that the participation of Community Committee Members participating on certain board committees is beneficial to obtain a broad range of perspectives, to provide additional expertise and to identify and assess individuals' interest and aptitude to be Directors in the future.

A knowledge-based Board focuses on recruiting individuals with the skills, competencies, and experience that are needed to move the organization toward achievement of its mission.

Board of Directors/Board Community Committee Members

1. Applicant Contact Information

Surname:		First Name:	
Home Address:			
City:		Province:	Postal Code:
Home Phone Number:		Business Phone Number:	
Email Address:			
Preferred Method of Contact: Home Phone: <input type="checkbox"/>		Business Phone: <input type="checkbox"/>	Email: <input type="checkbox"/>

2. Eligibility Criteria and Conditions of Appointment

- a) Directors must be at least 18 years old.
- b) Undischarged bankrupts are ineligible to serve as directors.
- c) Directors cannot be a member of the Corporation's medical, dental or midwifery staff (except as allowed under the By-laws).
- d) Employees are not eligible to be Directors of the Corporation (except as allowed under the Bylaws).
- e) Directors cannot be the spouse, child, or parent of a member of the corporation's medical, dental or midwifery staff, or an employee of the corporation.
- f) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10 to 15 hours per month.
- g) Directors must fulfill the requirements and responsibilities of their position – for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members. Directors must comply with legislation governing the corporation, the corporation's by-laws and policies, and all other applicable rules.

3. Conflict of Interest Disclosure Statement

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

4. Knowledge, Skills and Experience

The board seeks a complementary balance of knowledge, skills and experience. Please indicate your areas of knowledge, skills and experience by completing Schedule A to this application or by listing below.

Please list current or prior board experience:

Which areas of board work are of particular interest to you?

Please describe any linkages you have or may have had with other health care groups within the community.

5. Committees: Please indicate the Board Standing Committee(s) upon which you would be most interested in serving:

- Governance (2nd Wednesday monthly at 1730 hrs)
- Resources (3rd Wednesday monthly at 0730 hrs)
- Quality (1st Tuesday October, December, March and May 1730 hrs)

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 have read and agree to comply with the following policies:
 - h) Position Description – Elected and Ex-officio Board of Directors,
 - ii) Position Description - Community Committee Members
 - iii) Code of Conduct for Directors,
 - iv) Conflict of Interest, and
 - v) Confidentiality.
- c) I certify that the information in this application and in my Curriculum Vitae is true.

Signature: _____ Date: _____

**Please return the completed form
along with your curriculum vitae to:**

Cathy Swan
Executive Assistant
Middlesex Hospital Alliance –
Administration
395 Carrie Street
Strathroy, ON N7G 3J4
Tel: 519-245-1550 Fax: 519-245-0366
Email: cathy.swan@mha.tvh.ca

**If you have any questions, please
contact:**

MHA Governance Committee Chair
c/o Cathy Swan
Executive Assistant
Middlesex Hospital Alliance –
Administration
395 Carrie Street
Strathroy, ON N7G 3J4
Tel: 519-245-5295 Fax: 519-245-0366
Email: cathy.swan@mha.tvh.ca

Application for Membership: Schedule A

Knowledge, Skills and Experience

Please indicate your areas of knowledge, skills and experience by checking off the relevant boxes in the table 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.

Accounting <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Information Technology <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Board & Governance <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Labour Relations <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Business Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Legal <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Clinical <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Patient & Health Care Advocacy <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Construction & Project Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Political Acumen <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Diversity Issues <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Public Affairs & Communications <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Education <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Quality & Patient Safety Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Ethics <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Quality & Performance Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Finance <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Research <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Government & Government Relations <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Risk Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Health Care Administration & Policy <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Stakeholder Engagement <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Human Resources Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Strategic Planning <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Describe other knowledge, skills or experience that you feel you will bring to the board:
