**NOMINATION CRITERIA AND INSTRUCTIONS**

**CRITERIA**

1. The spirit and intent of the *Canadian Association of Psychosocial Oncology* is to have the Board represent certain professional groups, and for the Board to have a national/regional character. In thinking about qualified people for nomination, please give some consideration to what area/region of the country they would represent.

2. You are entitled to nominate any full or retired member (in good standing). A member may be nominated for a Board position only if the member has held eligible membership status for two (2) years prior to being nominated

3. Membership on the Board requires attendance at one meeting per year (minimum) and several Tele-conferences. The face-to-face meeting is held just prior to the Annual Conference. In addition, Board members are expected to Chair or assist with the Standing Committees of the Board or to stand for election to the Executive. The Executive is composed of President, Vice-President, Secretary, and Treasurer. The amount of work varies, but is not excessive. Those you nominate must be willing to participate actively! Board membership becomes official only after the slate of directors is presented and approved at the Annual General Meeting of CAPO members.

4. You must be a full or retired member in good standing of the Association in order to nominate and for your nomination(s) to be accepted. **To be eligible to serve, the nominee must have been a CAPO member for the two years preceding the nomination**.

The Board of Directors shall consist of no less than eight (8) members and no more than fourteen (14) persons, consisting of no less than one (1), and no more than three (3), representatives of the following disciplines of social work, psychology, medicine, nursing, pastoral/spiritual care and rehabilitative services.

We have an opening for two (2) positions to be filled in this year's election for the **2019 - 2021** term. The board endeavours to ensure that a balance of disciplines is filled to meet the current needs of the organization. Our particular interest is in seeking members to represent medicine and rehabilitation services.

Nominations are being sought from the following fields:

* **Medicine** – Further nominations are actively sought.
* **Rehabilitation Services** – Further nominations are actively sought.
* **Spiritual/pastoral Care** – Further nominations are actively sought.
* **Nursing** – Further nominations are actively sought.
* **Social Work** – No positions are available.
* **Psychology –** No positions are available.

**INSTRUCTIONS**

1. Make a list of those people you would like to nominate. Please note self-nominations are acceptable.

2. Contact each individual PERSONALLY to confirm their willingness to let their name stand for election.

Explain clearly to your nominee what discipline/profession (e.g. Rehab, Social Work etc.) you are asking them to represent. Some people may be eligible for more than one category and it is important they know which group they will represent, if elected.

Be sure to tell them that if elected, they will serve a two-year term running from **spring 2019 through spring 2021.**

Explain to your nominees that in agreeing to let their name stand, they are expected to attend Board Meetings (at least one per year face-to-face and monthly conference calls), and actively participate on the Board.

You should also explain to them that although CAPO will pay travel and accommodation costs to bring board members to board meetings, as a charitable organization we strive to save money wherever possible. Therefore, we ask board members to solicit their home institutions to pay for board meeting expenses, or otherwise use research monies to do so. To reduce board travel costs, we hold our annual board meeting on the day prior to the annual CAPO conference.

3. If they are willing to allow their name to stand then:

1. Tell them you will send them a copy of the CAPO Election Nominee Biography

 Sheet, which they must complete and return to the Chair of the Nominating

 Committee. These sheets must be received by April 1, 2019**.** The completed sheets

 will be sent out with the election materials.

1. Enter their name, the discipline/professional group they are being nominated to

 represent, their current address and phone number on the enclosed CAPO

 Nomination form.

(c) Immediately send them a copy of the sample Biography Sheet and instructions for completion.

4. When you have contacted all the people on your list of nominees, SIGN and DATE the Nomination Form and return it to the Chair of the Nominating Committee. The Nomination Form MUST be received by April 1, 2019**.** Forms that are not completed properly or are postmarked later than the deadline will not be accepted! No exceptions will be made. Please be careful to complete it properly and return it before the deadline.

1. You are free to nominate as many people as you wish.

**OFFICIAL NOMINATION FORM**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print name) (Print city/province)

nominate the following individual(s) for the Board of Directors of the Canadian Association of

Psychosocial Oncology.

1. NAME OF NOMINEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCIPLINE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NAME OF NOMINEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCIPLINE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have personally contacted each of the above nominee(s) and they have agreed to let their names stand for election.

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

Signature Date Phone Number

**THIS FORM MUST BE E–MAILED OR FAXED NO LATER THAN APRIL 1, 2019.**

Return to:

Dr. Fiona Schulte

Chairperson, Nominating Committee

Vice-President, CAPO

c/o CAPO Office at:

Fax: (416) 968-6818

manager@capo.ca

**BIOGRAPHY SHEET INSTRUCTIONS**

1. Please submit a Nominee Biography Sheet and return it to the Chair of the Nominating Committee by April 1, 2019**.**

2. Biography Sheets received will be photocopied and included with the election materials to be sent to all members of your professional group qualified to vote in the elections.

3. Limit your biographical information to one page (see the attached sample).

4. There are no official guidelines or requirements for the completion of a Biography Sheet. The following is suggested as the minimum information. Headings would be appreciated.

a. Education/degree(s)

b. Employment history and current position

c. Specific experience in oncology

d. Contribution(s) you would like to make to CAPO

e. Statement about your vision for CAPO

5. This form MUST be e-mailed no later than midnight, April 1, 2019.

6. Return the completed Nominee Biography Sheet to:

Dr. Fiona Schulte

Chairperson, Nominating Committee

Vice-President, CAPO

c/o CAPO Office at:

Fax: (416) 968-6818

manager@capo.ca

## SAMPLE NOMINEE BIOGRAPHY SHEET

Nominee's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_