

## Nomination Form

### Continuing Care Representative to the Health Association Continuing Care Council

|                           |
|---------------------------|
| Name of Nominee: _____    |
| Position: _____           |
| Phone: _____ Email: _____ |

#### ORGANIZATION INFORMATION

Organization Name : \_\_\_\_\_

- Organization Type:                Nursing Home / Home for the Aged  
                                             Home Support / Home Care  
                                             Adult Residential / Regional Rehab Centre

- Geographic Location:               South Shore (DHA 1, 2, 3)  
                                             Colchester / Cumberland (DHA 4, 5, 6)  
                                             Antigonish / Cape Breton (DHA 7, 8)  
                                             Capital (DHA 9)

- Ownership Type:                    Private ownership  
                                             Community governed

# of Clients / Residents: \_\_\_\_\_

**NOMINEE INFORMATION**

# years experience in a continuing care management function: \_\_\_\_\_

Please describe the individual under the following categories:

**Leadership:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Connectiveness:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commitment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of other extracurricular activities the nominee has been / is involved in (e.g. committees, working groups):

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

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

The information provided will be used to assist the Nominating Committee in making a recommendation to Council.

Please fax nomination to Carol Salkin at (902) 832-8505 or by email to [carol.salkin@healthassociation.ns.ca](mailto:carol.salkin@healthassociation.ns.ca)