

Nominator Form

Nomination for Advisory Council Second Position

Please submit the completed Nominator form by **May 23, 2018** directly to:

Nominations Committee
BC Association of Clinical Counsellors
204 – 780 Tolmie Avenue
Victoria, BC V8X 3W4
Fax: (250) 595-2926 email: nominations@bc-counsellors.org

Nominee

Name: _____ Member #: _____

Address: _____

Phone: _____ Email: _____

What Region is the nominee being nominated for? _____

Nominator

Name: _____ Member #: _____

Address: _____

Phone: _____ Email: _____

Length of time you have known the nominee _____

In what capacities have you known the nominee? _____

Why do you recommend them for the position? _____

How do you feel the skills/experience of the nominee fit the demands of the Advisory Council position? _____

Do you know of any areas the nominee might need support to better fulfill the duties of the
Advisory Council position? _____

Signature: _____ Date: _____

My signature certifies that I am a current member in good standing and that the nominee is also a
current member in good standing of the Association.