

**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](mailto:nominations@bc-counsellors.org)

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**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? \_\_\_\_\_

\_\_\_\_\_

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

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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.