

**Nomination for Advisory Council Second Position
Nominee Form**

Nominee Information

Name: _____ Member #: _____

Address: _____

Phone: _____ Email: _____

What Region are you being nominated for? _____

Present Employment Position(s): _____

Highest Degree/Area: _____ Year Completed: _____

Length of Time as a Registered Clinical Counsellor: _____

Please choose two nominators to complete a Nominator Form to support your nomination. You may provide them with a copy of your completed Nominee Form for their information. However, please have your nominators submit their completed forms 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

Return your completed Nominee Package by **May 23, 2018 to:**

BC Association of Clinical Counsellors
204 – 780 Tolmie Avenue
Victoria, BC V8X 3W4

Fax: (250) 595-2926 email: nominations@bc-counsellors.org

If you have general questions about the nominations process or the Advisory Council Second Position, contact Carolyn Fast, Executive Director (at carolyn@bc-counsellors.org).

Advisory Council Information

To be on the Advisory Council, you must:

- Be a member in good standing
- Be a member from the relevant Region and be duly elected by members from that Region
- Sit as one of two members from the Region on the Advisory Council
- Contribute expertise and thinking to the current and future work of the BCACC
- Discuss emerging trends and issues in the profession, identifying aspects of these that may be significant to the Board
- Make relevant recommendations to the work of the Board and Association
- Attend the Advisory Council meetings – up to three per year, with one being in-person and a joint meeting with the Board of Directors (date to be determined)
- Attend the Annual General Meeting (June 15, 2018 and tentatively booked for June 14, 2019)
- Be prepared to commit time to effectively participate at the Advisory Council meetings

Terms of service will generally be three years and two terms may be served. For 2018-19, terms may be either two or three years to set up the Association in the new governance structure. Your term will be confirmed at time of taking office.

I can make a two or three year commitment to attend these meetings (barring illness or exceptional circumstances) starting in June 2018. Yes No

Please describe what this commitment will mean to you.

Each Advisory Council member will sign forms related to conflict of interest and a Code of Advisory Council Conduct once in office.

I am willing to sign BCACC's conflict of interest statement and adhere to the Code of Conduct if elected. Yes No

I have the support of my employer if required and I have checked to ensure there are no company policies that preclude me from serving the Advisory Council.

Yes No N/A

Briefly describe your volunteer experience, including current volunteer positions held at other organizations and the year your term ends.

Organization	Volunteer Position	Duties	Dates of Service/Term End	Reason for Leaving

What are your specific qualifications and attributes for the Advisory Council positions and how do they relate to the stated qualifications for these positions? _____

Why are you seeking the role of Regional second on the Advisory Council? _____

What major issues face the clinical counselling profession in BC today? _____

What general issues and objectives will you bring to the Advisory Council? _____

What is your understanding of the current BCACC Strategic Plan and how will you contribute to the achievement of the goals during your tenure on the Advisory Council? You can find the Strategic Plan [here](#).

Additional Comments: _____

Attach a brief, current resume to your Nominee Package (no CVs, please)

Signature: _____ Date: _____

My signature certifies that I am a current member in good standing, and accept the nomination for the above-noted position on the Advisory Council for the BC Association of Clinical Counsellors.

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