

Nominator Form

Nomination for Regional Council Chair Positions

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 Regional Council
Chair position? _____

The role of Regional Council Chair also requires membership on the Advisory Council. What do you think the nominee can contribute to the work of the Council? _____

Do you know of any areas the nominee might need support to better fulfill the duties of the Regional Council Chair 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.