

**Nomination for Regional Council Chair (formerly Vice-President)  
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](mailto: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](mailto:nominations@bc-counsellors.org)

---

If you have general questions about the nominations process or the Regional Council Chair or Advisory Council, contact Carolyn Fast, Executive Director (at [carolyn@bc-counsellors.org](mailto:carolyn@bc-counsellors.org)).

## Regional Council Chair Information

### To be a Regional Council Chair, 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
- Travel to and attend a retreat/workshop for Regional Council Chairs in Vancouver or Victoria in the fall (dates to be determined and may be in conjunction with an Advisory Council Meeting)
- 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 lead your Regional Council to ensure your colleagues have opportunities to learn, to network and to contribute to the Association

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 Regional Council Chair and 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 as Regional Council Chair or on 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 Regional Council Chair and Advisory Council positions and how do they relate to the stated qualifications for these positions? \_\_\_\_\_

---



---



---



---

Why are you seeking the role of Regional Council Chair? \_\_\_\_\_

---



---



---

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

---



---



---



---

What general issues and objectives will you bring to your Regional Council table and/or 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 Board? 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 as Regional Council Chair and as a member of the Advisory Council for the BC Association of Clinical Counsellors.

---

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

---