



Mental Health - Care & Research  
Santé mentale - Soins et recherche

# Board Governance

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## The Royal

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Expression of Interest for serving on  
Boards of Directors | Trustees

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# Expression of Interest for serving on one of the Boards of Directors | Trustees

Thank you for your interest in serving the mission and vision of The Royal as a governance volunteer. We respectfully ask you to complete this form to assist our governance committees to fulfill the difficult task of selecting candidates for nomination whose experience, skills, and personal attributes best meet the identified needs of our organization in this election year.

## 1. Instructions:

Please complete this form and submit it with a copy of your current resume or a brief biographical sketch by mail, fax, or e-mail to the following address:

Mail: Board Nominations  
The Royal  
1145 Carling Avenue  
2nd Floor, Administrative Offices, c/o S. Fraser  
Ottawa, ON K1Z 7K4

Email: [janie.scully@theroyal.ca](mailto:janie.scully@theroyal.ca)

Fax: 613.761.3605

Questions: call 613.722.6521 x 6527 or visit our website at [www.theroyal.ca](http://www.theroyal.ca)

## 2. Please indicate on which of The Royal's Boards you are interested in serving (check all that apply):

- |  |                          |
|--|--------------------------|
| Royal Ottawa Health Care Group (hospitals)   | <input type="checkbox"/> |
| Royal Ottawa Foundation for Mental Health  | <input type="checkbox"/> |
| The Royal's Institute of Mental Health Research<br><i>affiliated with the University of Ottawa</i> | <input type="checkbox"/> |

If a position is not available to fulfill your interest to serve on our boards, would you be open to serving on a committee or in another capacity?

☐ Yes   ☐ No

### 3. Applicant Contact Information

Name	First: _____ Surname: _____
Address	<p>Business: _____</p> <p>_____</p> <p>_____</p> <p>Home: _____</p> <p>_____</p> <p>_____</p> <p>Preferred Address:      Business <input type="checkbox"/>      Home <input type="checkbox"/></p>
Telephone	<p>Business: _____ Home: _____ Cell: _____</p> <p>Preferred Telephone:      Business <input type="checkbox"/>      Home <input type="checkbox"/>      Cell <input type="checkbox"/></p>
Email	<p>Business: _____</p> <p>Home: _____</p> <p>Preferred Email:      Business <input type="checkbox"/>      Home <input type="checkbox"/></p>

#### 4. Eligibility Criteria and Conditions of Appointment

Directors/trustees is used interchangeably.

- a. Directors must be at least 18 years old.
- b. Those who have the status of bankrupt are ineligible to serve as directors.
- c. “Ineligible individual” as defined by the Income Tax Act may not serve as a director.
- d. Directors are expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 3-5 hours per month.
- e. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members.
- f. Directors must comply with legislation governing the corporation, the corporation's by laws and policies, and all other applicable rules.
- g. Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- h. Directors must complete and obtain a Police Records Check.

Please refer to the relevant Board's roles | expectations and criteria for further details.

• The Royal • Foundation • Research

#### 5. Conflict of Interest and Disclosure Statement

Directors must avoid conflicts between their self interest and their duty to the corporation. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

6. Knowledge, Skills, Abilities and Experience

Please list current or prior board experience:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Please describe any associations you may have had with various health care groups or charitable foundations:

Please describe how you would help The Royal advance its organizational vision and philanthropic objectives.

The Boards seek a complementary balance of knowledge, skills, abilities and experience. Please indicate your knowledge, skills, abilities and experience for each category.

Knowledge, Skills, Abilities and Experience																					
Please indicate your knowledge, skills, ability and experience for each category																					
Advanced = 3    Good = 2    Fair = 1    None = 0																					
All Organizations														Hospital and Research							
Link to Mental Health & Addictions clients/families	Philanthropy	Individual and Corporate Networks	Board and Governance	Strategic Planning	Finance	Risk Management	Business Management	Bilingual - French / English	Research / Translational Research	Accounting – CPA, (CA, CMA, CGA )**	Public Affairs & Communications	Patient & Health Care Advocacy	Human Resources Management	Legal – LLB **	Consumer/Family Representation	Clinical Care	Quality of Care & Performance Mgmt	Health Care Admin & Policy	University / Academic	Information Technology	Government & Gov Relations

\*\* means that the individual has a recognized designation

Please indicate (✓) if there are areas of board activity | responsibility that are of particular interest to you:

Finance and Investment	<input type="checkbox"/>	Governance & Policy	<input type="checkbox"/>
Audit	<input type="checkbox"/>	Quality of Care & Performance	<input type="checkbox"/>
Research	<input type="checkbox"/>	Philanthropy	<input type="checkbox"/>
Events	<input type="checkbox"/>		

Please list three references and contact information (name, phone number and email address)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 7. Declaration

By submitting this application, I declare that

- a. I meet the eligibility criteria and accept the conditions of nomination as described.
- b) I read and agree to comply with the following documents of The Royal's boards in which I have expressed interest:
  - **Board of Directors' | Trustees' Duties and Expectations of a Director | Trustee**
  - **Board of Trustees' Code of Conduct**
  - **Foundation Board Code of Conduct**
  - **Research Board of Conduct**
- c) I certify that the information in this application and in my resume or biographical sketch is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_