



Conseil Cri de la santé et des services sociaux de la Baie James  
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Cree Board of Health and Social Services of James Bay

**APPLICATION FOR CANDIDACY 2015  
ELECTIONS TO THE EXECUTIVE COMMITTEE  
OF THE CBHSSJB COUNCIL OF NURSES**

We, the undersigned, members of the Council of Nurses of The Cree Board of Health and Social Services of James Bay nominate \_\_\_\_\_  
(print name), a member in good standing of the Ordre des infirmières et infirmiers du Québec who also holds a position within the CBHSSJB

\_\_\_\_\_  
Place of work (community, city)

\_\_\_\_\_  
Centre or regional service

as a representative working (check one of the following options):

- in an inland community
- in a coastal community
- at the regional hospital centre (Chisasibi)
- within a regional service

Name of nominator and member of the Council

Signature of nominator

(1) \_\_\_\_\_

\_\_\_\_\_  
Date:

(2) \_\_\_\_\_

\_\_\_\_\_  
Date:



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**CANDIDATE'S CONSENT**

I, the undersigned, (print name) \_\_\_\_\_, candidate nominated by the foregoing ballot, verify the accuracy of the information contained herein and consent to my nomination to the aforementioned seat.

I confirm that I am a registered member of the Ordre des infirmières et infirmiers du Québec and that my registration number is:

(Registration number) \_\_\_\_\_.

I also confirm that I hold a position (Status 1 or 2) within the CBHSSJB.

I authorize the elections president to post my name, photo and biography as a candidate and to disseminate the information to all concerned as necessary to fulfill the procedures required for election to the executive committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (day/month/year)

**Section reserved for administration**

Date application received: \_\_\_\_\_

President's signature: \_\_\_\_\_