

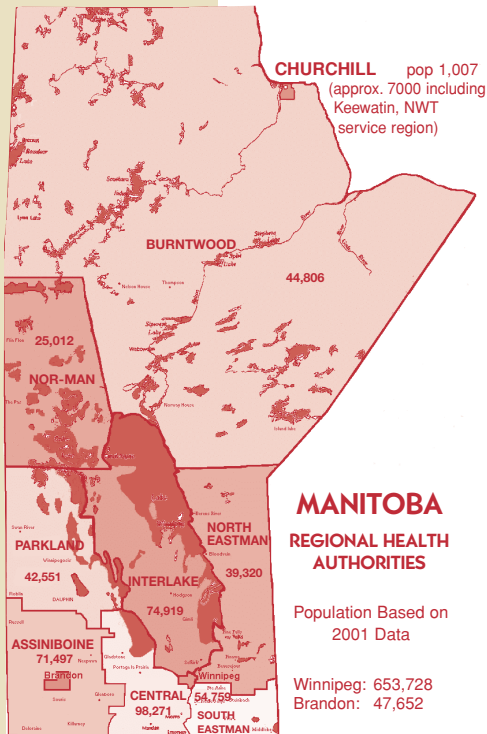
REGIONAL HEALTH AUTHORITY

(RHA) BOARD MEMBERS NOMINATION
INFORMATION



Manitoba

Building for the Future



INTRODUCTION

In accordance with provisions of *The Regional Health Authority Act*, the Minister of Health will appoint directors to each Regional Health Authority (RHA) Board. The appointments will represent a broad cross-section of interests, experience and expertise with a single common feature of strong commitment to restructuring the health system and improving health for Manitobans.

The directors will be selected from nominations elicited from a wide range of individuals and organizations interested in and involved with health services. The Minister has indicated geographic representation will be considered when making the appointments.

GENERAL RESPONSIBILITIES OF BOARD MEMBERS

- Providing leadership in addressing the health needs of the population within the defined geographic boundaries of the region;
- assuming full board responsibilities and attending meetings on a regular basis;
- communicating effectively with the board, management and the people in the region; and
- accountable for directing the management and affairs of the Regional Health Authority.

QUALIFICATIONS

The nomination process will be open to anyone who meets the following criteria:

- is eighteen (18) years of age as of date of appointment;
- the chief executive officer of the regional health authority is not eligible for appointment to the board of the authority; and
- a lawyer, accountant or other person who provides professional advice, for remuneration, to the regional health authority is not eligible for appointment to the board.

If appointed, board members must comply with conflict of interest guidelines. This includes resigning membership from District Health Advisory Councils or health-related boards.

Health care providers who provide services in the health region of the Regional Health Authority are eligible for appointment to the board of the authority.

TERM OF APPOINTMENT

No director shall be appointed for a term exceeding three years. If reappointed, a director may serve for a maximum of six consecutive years.

NOMINATION FORMS

Any resident of a health region may, for the board of the regional health authority for that region, nominate a person or persons, including himself or herself.

Nomination forms for each year's appointments are available at your RHA Office, community health offices or health facilities within the region.

Nomination forms may be submitted directly to your **RHA Office** or to the **Minister of Health**.

SUBMISSION DEADLINE:
January 31 each year.

HOW TO REACH YOUR REGIONAL HEALTH AUTHORITY (RHA) OFFICE:

ASSINIBOINE

Telephone: (204) 483-5000

BRANDON

Telephone: (204) 571-8400

BURNTWOOD

Telephone: (204) 677-5350

CENTRAL

Telephone: (204) 428-2000

CHURCHILL

Telephone: (204) 675-8318

INTERLAKE

Telephone: (204) 467-4742

NOR-MAN

Telephone: (204) 687-1300

NORTH EASTMAN

Telephone: (204) 753-2012

PARKLAND

Telephone: (204) 622-6222

SOUTH EASTMAN

Telephone: (204) 424-5880

WINNIPEG

Telephone: (204) 926-7000

NOMINATION FORM FOR APPOINTMENT TO A REGIONAL HEALTH AUTHORITY BOARD

I. BIOGRAPHICAL INFORMATION

Name of Regional Health Authority: _____

Nominee's Full Name (please print): _____

Address: _____

Telephone Number: _____ Employer: _____

Fax Number: _____

II. QUALIFICATIONS & EXPRESSION OF INTEREST

Please state the skills, experience, qualifications, community involvement and any other relevant factors which make the nominee a suitable candidate.

Why is the nominee interested in serving on the board of a Regional Health Authority?

The completed and signed nomination form can be mailed to your **RHA Office** or directly to the **Minister of Health** at:

Room 302 Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8
Fax: (204) 945-0441

SUBMISSION DEADLINE:
January 31 each year.

III. REFERENCES

1. Name (please print): _____

Phone Number: _____

Relationship (i.e. friend, employer, etc.): _____

2. Name (please print): _____

Phone Number: _____

Relationship (i.e. friend, employer, etc.): _____

3. Name (please print): _____

Phone Number: _____

Relationship (i.e. friend, employer, etc.): _____

Signature

Date

Nominated by _____

A résumé, CV or any additional information should be submitted with this form.