

**NOMINATION FORM**

**Hospital Provincial Negotiating Team**

**IMPORTANT: Please TYPE all information, except for your signature.**

|  |
| --- |
| [ ]  Full-time Candidate / [ ]  Part-time Candidate **(select one)****NAME OF CANDIDATE:** |
| Last Name: |   | First Name: |   |
| Local #: |   | Region #: |   | Bargaining Unit: |   |
| Address: |   |
|  |   |
| Phone #’s: | Home: |   | Cell: |   |
| Personal Email: |   |
| ONA ID #: |   | **(as found on your Membership Card)** |
| **NOMINATORS:** |
| (1) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (2) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (3) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (4) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (5) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| **CONSENT OF CANDIDATE****I, the undersigned, am a member with entitlements of the Ontario Nurses' Association and consent to allow my name to stand for election for the Hospital Provincial Negotiating Team. I have also read, understand and agree to abide by the ONA Group/Provincial Negotiating Teams Election Policy.** |
| DATE: |   |  |  |
|  | Signature |
| NOTE: This nomination form is to be accompanied by a résumé/CV, article and photograph and must be received by the Chief Executive Officer via email to chiefelectoralofficer@ona.org no later than 4:00 pm ET, February 2, 2024. Candidates should confirm receipt of the nomination form by calling Vicki Romaniuk at 519-966‑6350, toll free at 1‑800-387-5580, extension 5221 or at vickir@ona.org. |