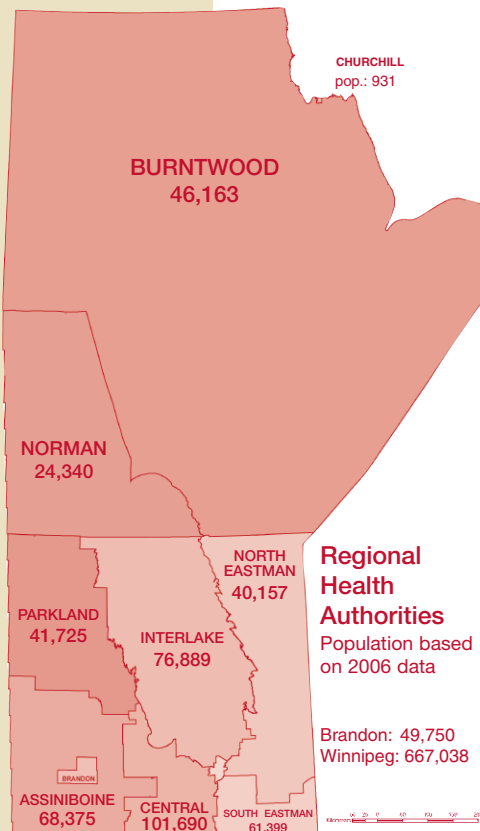


REGIONAL HEALTH AUTHORITY

(RHA) BOARD MEMBERS NOMINATION
INFORMATION



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Cartography by: Manitoba Health, Health Information Management
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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

The board's responsibility is to provide leadership, allocate resources and be accountable. Boards have the authority to fulfill the mandate of the region, they provide the constructive critic role in decision-making, and are at the same time, advocates of the RHA. Individual board members need to be committed to the board, involved and informed.

QUALIFICATIONS

The nominees must:

- be eighteen (18) years of age as of the date of the appointment;
- have a strong commitment to improving the health system, to supporting their RHA and to improving the health of Manitobans;

- have strong communication skills;
- be able to attend board meetings on a regular basis; and
- be able to comply with regional conflict of interest guidelines.

The following are NOT eligible to be directors:

- the CEO of the RHA, and
- any person who provides professional advice to the RHA for remuneration. However, health care providers who provide services to the health region ARE eligible for appointment to the board.

Other considerations for board appointments include financial or legal skills; experience in leadership, business or human resources; or familiarity with strategic planning and policy development.

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:

December 15 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): _____

Mr Mrs Ms Miss

Optional: Bilingual Yes No Aboriginal Yes No

E-mail address: _____

Address: _____

Telephone Number: _____ Employer: _____

Fax Number: _____

Nominee Signature _____ Date _____

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?

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.): _____

Nominated by: _____

(if self, not applicable)

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

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:

December 15 each year.

Selection of members will be based on qualifications and the broad representation of the region's population. Only those appointed will be notified. Thank you to all those who have agreed to be nominated.