**APPENDIX A**

**CANDIDATE APPLICATION FORM**

This form is to be completed by any person nominated for election as a Director with Wheelchair Basketball Canada.

*Name of Candidate:*

*Address:*

*Phone Number(s):*

*Email Address:*

Each nominee must complete and sign an Application Form and submit it to the Nominations Committee along with a resume. Nominees may further submit:

* A **campaign platform** describing what the nominee would like to do to further the objectives of Wheelchair Basketball Canada – this material may be as detailed or specific as the nominee desires
* A **headshot** photo

* A **biography** of the nominee (maximum 300 words)
* A **video** describing the nominee and/or the nominee’s platform (maximum 30 seconds)
* **Testimonials** from other organizations or other individuals

1. Check the General Attributes and Specific Skills that you believe you have:

|  |  |
| --- | --- |
| General Attributes:   * Knowledge of wheelchair basketball * Business Acumen * Board Experience * Policy Development * Team Player * Experience in strategic thinking * Risk Management experience * Ethical and values-based behaviour * Representative of membership population * Commitment and capacity | Specific:   * Leadership * Government Relations * Funds Development * Accounting and Finance * Legal * Strategic Change Management * Human Resources Management * Marketing/Communications * Entrepreneurship * International Sport Perspective * Political Capital |

1. Please provide a brief summary of your experience as a Director
2. Please provide a brief summary of your experience with sport associations.
3. Please provide a brief summary of any previous experience with Wheelchair Basketball Canada.
4. Please provide a brief summary of your experience with other voluntary or community organizations.
5. Please highlight additional skills or competencies that would contribute to the effective leadership and governance of Wheelchair Basketball Canada

By signing this Application Form, I consent to my nomination as a Director:

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Name (print), signature Date

Applications may be submitted by email, mail, courier or facsimile to the following address:

**Wheelchair Basketball Canada**

6 Antares Drive

Phase 1 Unit 8

Ottawa, Ontario

K2E 8A9

Email: