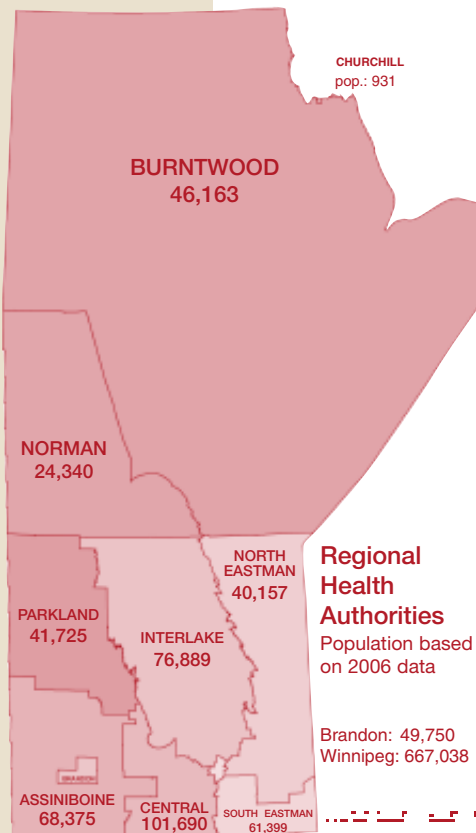


# REGIONAL HEALTH AUTHORITY

(RHA) BOARD MEMBERS NOMINATION  
INFORMATION



(c) Province of Manitoba, 2007  
Cartography by: Manitoba Health, Health Information Management  
Last updated: Nov 2009.

## 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) 578-2300

### BURNTWOOD

Telephone: (204) 677-5350

### CENTRAL

Telephone: (204) 428-2720

### 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) 638-2118

### 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.

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

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## 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.