



GOVERNANCE COUNCIL DIRECTOR APPLICATION FORM

Expressions of Interest should be returned to:

Eleese Scott
Chief Governance Officer
Workers' Safety & Compensation Commission
NT/NU
PO Box 3888
Yellowknife NT
GovernanceCouncil@wsc.c.nt.ca

Thank you for your interest in joining the Workers' Safety and Compensation Commission Governance Council. Our Governance Council play a vital role in promoting safe work places through education and prevention, and care for injured workers through a system of no-fault compensation.

Table with 5 rows: APPLICANT CONTACT INFORMATION, NAME, ADDRESS, CITY, PROVINCE, POSTAL CODE, TELEPHONE, CELL PHONE, EMAIL.

Table with 2 columns: Question (What motivates you to become a director... What special qualifications...), Answer box.



Please describe your past board experience (including the types of boards on which you have participated).	
Please describe your understanding of a director's role with the WSCC Governance Council.	

The WSCC Governance Council seeks a complimentary balance of knowledge, skills and experience at a Governance Level. Please identify those areas which you have basic or advanced competencies and areas you are interested in: (Please check Basic, Advanced, or Interested)

Governance Council	BASIC	ADVANCED	INTERESTED
Business Management			
Community Leadership			
Education/Training			
Finance/Accounting			
Governance & Leadership			
Human Resources			
Government/Political Acumen			
Healthcare Administration/Policy			
Legal			
Public Relations/Communications			
Quality/Risk Management			
Strategic Planning			
Other (please specify):			

Which Committee would you be interested in?

Committee	Yes	No
Audit Committee		
Governance & Leadership Committee		



REFERENCES			
Please provide two references that are familiar with your previous board or committee experience:			
1 st Reference		2 nd Reference	
Relationship		Relationship	
Telephone		Telephone	
Email		Email	

Please attach a current resume to your application.

By submitting this application and resume, I declare that:

- I meet the eligibility criteria and accept the conditions of appointment as delineated.
- I certify that the information in this application and in my resume is accurate and true.

APPLICANT NAME (please print): _____

APPLICANT SIGNATURE: _____ DATE: _____