

NOMINATION FORM

NUNAVUT MENTAL HEALTH REVIEW BOARD For community member and Inuit cultural advisor positions

1 - To be completed by Nunavut Tunngavik Incorporated:

Section A – Position and Eligibility Criteria

Position Requested	Eligibility Criteria
<input type="checkbox"/> Community member (<i>MHA</i> s.64s(2)(d)); or <input type="checkbox"/> Inuit cultural advisor (<i>MHA</i> s. 64(4))	By submitting this nomination form, NTI certifies that the nominee meets the following eligibility criteria: <ul style="list-style-type: none">• For Inuit cultural advisors:<ul style="list-style-type: none">○ Nunavut Inuit, and○ Resident of Nunavut• For community members:<ul style="list-style-type: none">○ Resident of Nunavut○ Not a health professional, member of the Law Society of Nunavut, nor an employee of the Department of Health.

Section B – Nominee Information¹

General Information	
Name:	Gender ² :
Email address:	Is the nominee a Nunavut Inuk under the Nunavut Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:	Is the nominee a resident of Nunavut? <input type="checkbox"/> Yes <input type="checkbox"/> No
Community of Residence:	If yes, how long have you been living in Nunavut:

¹ This personal information will be used solely to process applications for the new *Mental Health Act's* Mental Health Review Board and communicate with the applicant. This information is protected by the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Department of Health's Inuusivut, Mental Health and Addictions division.

² Under 64(14)(d), in considering nominations NTI must endeavor to have the composition of the Board and the Inuit cultural advisors reflect the cultural, ethnic, regional and gender composition of the population of Nunavut.

Section C – Reason(s) for nomination

1. Please give a brief description of the reasons why NTI wishes to nominate this individual and how their experience, knowledge and/or skills will be valuable to the Board.

Name of the NTI representative (printed):

Signature:

Date:

2 – To be completed by the nominee:

Section D – Experiences and Interests:

Please give a brief description of your skills, and/or unique experiences which, in your opinion, would be valuable to the Board. Note that past board or community involvement experience are not prerequisites.

1. Experience, knowledge and/or skills relevant to the mandate of the Mental Health Review Board:

2. Current and past board experience:

3. Current and past community involvement experience:

4. Current employer/occupation:

5. Why do you want to join Nunavut's Mental Health Review Board? What do you want to bring to the Mental Health Review Board?

Section E – Declaration

By submitting this application, I declare the following:

- a) I accept my nomination as _____[position] under s. 64 of the new *Mental Health Act*.
- b) If appointed, I will respect the confidential nature of my position and declare any conflict of interest, if such a situation arises.
- c) I understand that working cooperatively and respectfully with other committee members is essential, and that flexibility and travel may be required.

Name (printed):

Signature:

Date:

NTI to submit completed nomination form, along with a resume, to the Department of Health's Inuusivut, Mental Health and Addictions division.