

## **NOMINATION FORM**

## SASKATCHEWAN UNION OF NURSES

## Position: **NEGOTIATIONS COMMITTEE**

The Negotiations Committee shall be comprised of 11 members who shall be elected from and by the general membership of the Union, as per Bylaw 6.

The Committee shall have the following representation (CIRCLE ONE NUMBER or LETTER BELOW):

- a) Five (5) members from hospital/community based facilities:
  - i) One (1) member from Saskatoon Base Hospitals
  - ii) One (1) member from Regina Base Hospitals
  - iii) One (1) member from Regional Hospitals
  - iv) One (1) member from Community Based Facilities (hospitals, wellness centres)
  - v) One (1) member from Integrated Facilities
- b) One (1) member from Home Care
- c) One (1) member from Long Term Care
- d) One (1) member from Public Health
- e) One (1) member from Mental Health
- f) One (1) member from North (defined as SUN locals North of the 54th parallel)
- g) One (1) member who is a Nurse Practitioner
- Signature of the nominee indicating consent to run for office & signatures of nominators **MUST** be shown.

Faxed or emailed copies of Nominations Forms and Position Statements are to be followed with the original by mail to the SUN Regina office. Nominees should contact the SUN Regina office to ensure the Nomination Form and the Position Statement have been received.

| Nominee:  |           |  |  |  |
|---|-----------|--|--|--|
| Local Name and Number:  |           |  |  |  |
| Address:  |           |  |  |  |
| Phone Number:   |           |  |  |  |
| Supervisor's Information:<br>(Supervisor's information is<br>required should Nominee be<br>elected to office) | Name:     |  |  |  |
|   | Title:    |  |  |  |
|   | Facility: |  |  |  |
| Consent of Nominee:   |           |  |  |  |

## Signature of Nominee

| Nominated by:          |  |
|------------------------|--|
| Local Name and Number: |  |
| Address:               |  |
| Phone Number:          |  |
| Signature              |  |
|                        |  |
| Seconded by:           |  |
| Local Name and Number: |  |
| Address:               |  |
| Phone Number:          |  |
| Signature              |  |

Include POSITION STATEMENT (maximum of 150 words) Refer to CALL FOR NOMINATIONS memo. To be returned to the SUN Regina office by 1200 hours January 17, 2023. Email: elections@sun-nurses.sk.ca