



A. Contact Information

First Name: _____ Last Name: _____

ICCRC Membership Number: R _____ Immigration Consultant Since: _____

Immigration Consultant in good standing for last five (5) years: YES NO

Preferred Telephone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Which Official Languages do you Speak: ENGLISH FRENCH Read: ENGLISH FRENCH

B. Geographic Region

Please note: For the continuous period of one (1) year preceding (and inclusive of) the last day for nominations, you must be a resident of and have your primary place of business in, the geographic region for which you wish to seek office.

I wish to serve as a director for _____

C. Nominations

A candidate’s application for election must be supported in writing by five (5) members in good standing. Please have each of your nominators complete and submit a [Support of Candidate Nomination Form](#). Nominators may submit their forms separately to secretariat@icccr-crcic.ca or provide them to you to be submitted together. Please confirm that your proposed nominator has not already nominated another candidate, as a member may nominate only one (1) candidate in each geographic region.

Please list your five (5) nominators (name and member number) who will be submitting a nomination form to support your candidacy:

- 1. _____ R _____
- 2. _____ R _____
- 3. _____ R _____
- 4. _____ R _____
- 5. _____ R _____

D. Consent to Information Verification, Criminal Background Check and Credit Check

As a condition of being accepted as a candidate for election to the Board of Directors, I consent to have any information contained in this application form, together with any supplementary documents, statutory declaration, resumé, credit status, litigation history and criminal records confidentially verified by the background checks firm selected by the Council's Governance and Nominating Committee.

I acknowledge that the results of such verifications will be reviewed by the Council's Registrar and Corporate Secretary for the purpose of assessing my ability to stand for election and/or to be appointed to serve on the Board of Directors and will not be used for any other purpose.

I further acknowledge and agree to participate in any interview or other assessment tool if requested as part of the candidate screening process.

Signature

By signing this application, you certify that the information contained in this application as well as any supplementary attachments and/or resumé are true and complete.

Signature _____ Date _____

Individuals who are interested in serving on the Board of Directors must submit their completed application form together with the five (5) nominations forms, the candidate statutory declaration and any other supporting documents **before 5:00 p.m. (Eastern Time) on Friday, August 23, 2019**. Please send all original documents to:

Chair – Governance and Nominating Committee
Immigration Consultants of Canada Regulatory Council
5500 North Service Road Suite 1002
Burlington, Ontario L7L 6W6 CANADA

Questions may be directed in confidence to the Council's Registrar and Corporate Secretary at secretariat@icrc-crcic.ca or telephone at 1-877-836-7543.

THE FOLLOWING INFORMATION WILL BE HELPFUL TO THE GOVERNANCE AND NOMINATING COMMITTEE, IF YOU ARE SUCCESSFUL, IN DETERMINING ON WHICH COMMITTEES YOU MAY BEST SERVE THE COUNCIL AND THE MEMBERS.

E. Education and Work Experience

Please provide a **resumé** which lists your educational qualifications and work experience.

List your current, as well as former, memberships in any professional associations, societies, clubs, organizations or community agencies.

List any board or committee experience you have on a paid or voluntary basis. Include name of organization, position(s) held, and relevant dates.

Name of Company/Organization: _____

From (dd/mm/yyyy): _____ to (dd/mm/yyyy): _____

Position Held: _____

Name of Company/Organization: _____

From (dd/mm/yyyy): _____ to (dd/mm/yyyy): _____

Position Held: _____

Name of Company/Organization: _____

From (dd/mm/yyyy): _____ to (dd/mm/yyyy): _____

Position Held: _____

Please indicate your level of experience in the following categories:

3	2	1	0
Advanced [having substantial (more than five years) direct experience in this area]	Intermediate [having some direct experience in this area (2-5 years) or have developed strong skills through related experience in other industries or situations]	Beginner [having education in the subject but have limited direct experience in this area]	None [having neither education nor experience in this area]

0 1 2 3	0 1 2 3
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accounting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Information Technology
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Board & Governance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Legal
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Business Management	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Policy
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complaints & Discipline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Political Acumen
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction & Project Management	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Public Affairs & Communications
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diversity Issues	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Quality & Performance Management
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Education	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Regulatory Environment
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ethics	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Research
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Finance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Risk Management
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Government & Government Relations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stakeholder Engagement
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Human Resources Management	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strategic Planning

F. ICCRC STANDING COMMITTEE INTEREST

On which ICCRC standing committees are you interested in serving?

Please indicate your first, second and third choice as well as briefly state why on the line beside. If additional space is needed, please use the next sections.

1 ST	2 ND	3 RD	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finance & Audit Committee_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Governance & Nominating Committee_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources & Compensation Committee_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Affairs Committee_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy Liaison Committee_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registration & Education Committee_____

Please note that sitting board members may not serve on the Complaints, Discipline, Registrar Appeal, Fitness to Practice or Professional Fees Review Committees of the Council.

Describe your experience (if any) working on similar committees in the past to those you have indicated above as your choices.

List the aspects of the Council that are of particular interest to you.

What do you see as your strengths and the skills that you bring to the Board of Directors?

Additional comments or information (please attach a separate sheet if necessary).