

NOMINATION FORM FOR

LOCAL55

TERM: January 2021 – December 2022

POSITION BEING NOMINATED FOR: _____

IMPORTANT: Please print all information except when signing

NAME OF CANDIDATE: Please circle: MS. MRS. MISS. MR.

Surname Given Names

Local # _____ Address _____

Phone No. Home: () _____ Bus: () _____

ONa Identification Number _____ (as found on your Membership Card)

NOMINATORS

(1) _____ Local 55
Surname Given Names
ONa ID# _____

(2) _____ Local 55
Surname Given Names
ONa ID# _____

CONSENT OF CANDIDATE

I, the undersigned, am a member with entitlements of the Ontario Nurses' Association and consent to allow my name to stand for election FOR THE POSITION IDENTIFIED ABOVE and to FULFILL MY ACCOUNTABILITIES if so elected.

DATE _____
Signature _____

Available Positions:

Executive

**LOCAL COORDINATOR
BARGAINING UNIT PRESIDENT
SECRETARY
TREASURER
LOCAL/BARGAINING UNIT
REPRESENTATIVES**

Committees

**HUMAN RIGHTS REP
HEALTH AND SAFETY
HOSPITAL ASSOCIATION COMMITTEE
SCHEDULING COMMITTEE
NEGOTIATION COMMITTEE
PROFESSIONAL PRACTICE**

FLOOR REPS (CMH)

- 1) **NURSE RESOURCE TEAM**
- 2) **REHAB**
- 3) **OBSTETRICS**
- 4) **PEADIATRICS**
- 5) **MENTAL HEALTH**
- 6) **PERIOPERATIVE**
- 7) **INTENSIVE CARE UNIT**
- 8) **EMERGENCY**
- 9) **MEDICINE**
- 10) **INPATIENT SURGERY**
- 11) **MEDICAL DAY CLINIC**

UNIT REPRESENTATIVES (SMGH)

- 1) **ICU/CCU**
- 2) **OR/PACU**
- 3) **Endoscopy**
- 4) **700 Med/Surg**
- 5) **Vascular Access Team**
- 6) **3West CVS**
- 7) **Cardiac Catheterization Lab**
- 8) **Presurg and Day Surgery**
- 9) **500 Medicine**
- 10) **600 Chest Unit**
- 11) **CVICU**
- 12) **Nurse Practitioners**

Committees / Floor Reps for Trinity Village and St. Luke's place as available.