

## BOARD OF DIRECTORS NOMINATION FORM

|                        |                                                                                                                                                                                     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Seeking Election as a: | <input type="checkbox"/> Member* (3-year term) <input type="checkbox"/> Student (1-year term)<br><input type="checkbox"/> Public Representative (3-year term)                       |
| Region:                | <input type="checkbox"/> Capital <input type="checkbox"/> Southern <input type="checkbox"/> Western<br><input type="checkbox"/> Interlake/Eastern <input type="checkbox"/> Northern |

\* Includes practicing and non-practicing MCSW members. Temporary members are not eligible to serve on MCSW Board [ByLaw 5-1(d)(iii) and 5-1(e)(iii)]

### NOMINEE PROFILE:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I, \_\_\_\_\_, hereby nominate \_\_\_\_\_\* for election to the Board of MCSW as a **member representative**. I declare that the nominee: (a) has been a resident of Manitoba for at least six (6) months prior to the date of election; (b) is a practicing or non-practicing member in good standing with MCSW; (c) is a resident of, or employed in, the region noted above or;

I, \_\_\_\_\_, hereby nominate \_\_\_\_\_\* for election to the Board of MCSW as a **student representative**. I declare that the nominee: is a current student member of the Manitoba College of Social Workers or;

I, \_\_\_\_\_, hereby nominate \_\_\_\_\_\* for election to the Board of MCSW as a **public representative**. I declare that the nominee: (a) is a resident of Manitoba and; (b) is not and has never been a member of MCSW; (c) is not enrolled as a student in a social work program; and d) does not hold an accredited or MCSW-approved BSW or MSW degree

**\*Self-nominations are permitted. If nominating an individual other than yourself, please ensure that the individual has accepted your nomination prior to submitting this election nomination form.**

## NOMINEE VOLUNTARY DECLARATION:

The Manitoba College of Social Workers seeks to increase diversity of views, perspectives, backgrounds and representation on its Board and committees. The Manitoba College of Social Workers shall:

- strive to foster practices that reflect diversity, including in Indigenous communities and newcomer populations, in enhancing and improving the social work profession [MCSW By-Law 1-5]
- strive to ensure representation from Indigenous Peoples on Committees, particularly when dealing with a matter that predominately affects the interests of Indigenous Peoples [MCSW By-Law 1-5.1]

Please select all that apply:

- ☐ First Nations
- ☐ Metis
- ☐ Inuit/Inuk
- ☐ Person of Colour
  - Race/Ethnicity: \_\_\_\_\_
- ☐ Immigrant/Newcomer/Refugee
- ☐ Member of 2SLGBTQ+ Community
- ☐ Person with a Disability
- ☐ Member of Francophone Community
- ☐ Other, please specify: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Nomination Checklist:

- ☐ Completed and signed nomination form
- ☐ Nominee Biography & Candidate statement (Maximum one page, Word version) (send to [info@mcsw.ca](mailto:info@mcsw.ca))
- ☐ Electronic photo of nominee (send to [info@mcsw.ca](mailto:info@mcsw.ca))
- ☐ Nominee commitment to MCSW Board Meeting/Event Schedule confirmed

**Deadline: All documents must be received by MCSW on or before 4:30 p.m. on September 2, 2025**

Forms must be mailed, faxed or emailed to:  
THE REGISTRAR, Manitoba College of Social Workers  
101 – 2033 Portage Avenue  
Winnipeg, MB R3J 0K6

Phone: 204-888-9477 Toll Free: 1-844-885-6279 Fax: 204-831-6359 Email: [info@mcsw.ca](mailto:info@mcsw.ca)