

BOARD APPOINTMENT RECOMMENDATION FORM

Seeking Appointment as a:	<input type="checkbox"/> Public Representative (3-year term)
Region:	<input type="checkbox"/> Capital <input type="checkbox"/> Southern <input type="checkbox"/> Western <input type="checkbox"/> Interlake/Eastern <input type="checkbox"/> Northern

CANDIDATE 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 recommend _____ for appointment to the Board of MCSW as a **public representative**. I declare that the candidate: (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

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 appropriate 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
- ☐ Youth (under 30)
- ☐ Elder/Knowledge Keeper
- ☐ Member of 2SLGBTQIA+ Community
- ☐ Person with a Disability
- ☐ Member of Francophone Community
- ☐ Other, please specify: _____

Signature: _____

Date: _____

DECLARATION

- ☐ I confirm that the information I have provided is true to the best of my knowledge
- ☐ I understand that verification of Indigenous identity may be requested as part of the application or appointment process

Checklist:

- ☐ Completed and signed recommendation form
- ☐ Candidate Biography & Statement (Maximum one page, Word version) (send to info@mcsw.ca)
- ☐ Electronic photo of candidate (send to info@mcsw.ca)
- ☐ Candidate 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 30, 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