

**NOMINATION FORM**

**Nursing Homes Provincial Negotiating Team**

**IMPORTANT: Please type all information, except for your signature.**

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| [ ]  Full-time Candidate / [ ]  Part-time Candidate **(select one)****NAME OF CANDIDATE:** |
| Last Name: |   | First Name: |   |
| Local #: |   | Region #: |   | Bargaining Unit: |   |
| Address: |   |
| Phone #: | Home: |   | Cell #: |   |
| Personal Email: |   | ONA ID #: |   |
|  |  |  **(as found on your Membership Card)** |
| **NOMINATORS:** |
| (1) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (2) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (3) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (4) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| (5) |   |   |  | Local # |   |
| Last Name | First Name | Signature | ONA ID # |   |
| **CONSENT OF CANDIDATE****I, the undersigned, am a member in good standing of the Ontario Nurses' Association and consent to allow my name to stand for election for the Nursing Homes Provincial Negotiating Team. I have also read, understand and agree to abide by the ONA Group/Provincial Negotiating Teams Election Policy and processes.** |
| **DATE:** |   | **SIGNATURE:** |  |
|  |  |
| NOTE: This nomination form is to be accompanied by a résumé, article (see templates) and photograph and must be received by the Chief Executive Officer via email to chiefelectoralofficer@ona.org no later than 4 p.m. ET, May 30, 2025. Candidates should confirm receipt of the nomination form by calling Gabriella Paradiso at 1‑800-387-5580, extension 2357 or at gabriellap@ona.org. |