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Description automatically generated

**NOMINATION FORM**

**Nursing Homes Provincial Negotiating Team**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:gabriellap@ona.org). | | | | | | | | | | | | | | | | | | | | | | | | |