



Council Candidate Application Form

Name: _____

Registration Number: _____

Registration Category: Social Worker or Social Service Worker

Electoral District:

Electoral District No. 1

Electoral District No. 3

Electoral District No. 5

Electoral District No. 2

Electoral District No. 4

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

If not currently engaged in practice, please provide your home address and phone number below:

Home Address: _____

Phone Number: _____

I, _____, the undersigned registrant of the Ontario College of Social Workers and Social Service Workers hereby nominate myself as a candidate for election to the College Council.

This nomination will stand until the date of election: **Thursday, May 30, 2024**

Date: _____

By checking this box:

I confirm that the information contained in this Council Candidate Application and supporting materials I submit for letting my name stand as a candidate for the upcoming College Council Elections are complete and accurate as of the eligibility date, which is Friday, February 23, 2024.



Certificate of Validation Form

I, _____ (Name of candidate), hereby certify that:

A. I am currently practising as a social worker or social service worker at: (Name of employer and address of place or, if self-employed, print address of place of practice)

OR

B. I am not currently practising as a social worker or social service worker and I reside at:
(Address of place of residence)

in the following city, town or municipality: _____.

Please complete the checklist below:

- I hold a general certificate of registration in the category of social worker social service worker.
- I am not in default of the payment of any fees.
- I am not the subject of any disciplinary or incapacity proceeding.
- I am not the subject of a complaint in the form prescribed by the bylaws, an investigation by the Registrar or a Committee, or an inquiry by the Registrar or a Committee unless the Chair of the Election Committee.
- There has not been a finding of professional misconduct, incompetence or incapacity against me in the three years preceding the date of this application.
- My certificate of registration has not been revoked or suspended in the six years preceding the date of this application as a result of a professional misconduct, incompetence or incapacity proceeding.
- My certificate of registration is not subject to any term, condition or limitation arising from a professional misconduct, incompetence or incapacity matter.
- I am not an employee of the College and have not been an employee of the College in the twelve months prior to the date of this application.
- I am not an employee of any professional association involving social work or social service work or an employee of any collective bargaining unit involving social work or social service work and have not been an employee of such professional association or collective bargaining unit in the twelve months prior to the date of this application.
- I am not a candidate for a position on, nor a member of, the provincial governing body (including any local chapter) of any professional association involving social work or social service work and have not been a member of such provincial governing body (including any local chapter) in the twelve months prior to the date of this application.

- I am not a candidate for a position on, nor a member of, the executive of any collective bargaining unit involving social work or social service work and have not been a member of such executive in the twelve months prior to the date of this application.
- I have not served as a Council member for more than nine years.
- I am not a Council member who has previously been disqualified from sitting on a Committee.
- I am not a Council member who has previously been disqualified from sitting on Council.
- I have not been exempted in 2023 from payment of any portion of the registration fee as provided in Section 3.06 of the Fees Bylaw.¹
- I have not been exempted in 2023 from payment of any portion of the annual fee as provided in Section 4.07 of the Fees Bylaw.¹

Please check the statement that applies:

- I am not a Council member.
- I am a Council member and, if re-elected, I would be able to serve for the full term of office without the maximum permitted number of years of service expiring during that term.

I hereby certify that the Ontario College of Social Workers and Social Service Workers will be relying upon this validation as evidence of my eligibility to serve as a Council member on the College Council.

I _____ declare on _____ that all of the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for the cancellation of my application to the College Council.

¹ Sections 3.06 and 4.07 of the Fees Bylaw provide an exemption from payment of a portion of the registration fee and a portion of the annual fee to a person who is a member of an out-of-province regulatory authority provided that, among other things, the person agrees to restrict their practice in Ontario exclusively to electronic social work practice to clients in Ontario delivered from outside Ontario.



Biographical Summary Form

NAME:

EDUCATION (In chronological order, beginning with post-secondary school education)

Degree, Diploma, Certificate	Educational Institution

EMPLOYMENT (Beginning with your most recent/current position) If not currently practising, please mark an 'x'

Position	Agency	Dates

PROFESSIONAL MEMBERSHIPS AND VOLUNTEER WORK

Position	Agency	Dates



Candidate's Statement

NAME:

The Candidate's Statement cannot exceed 200 words. The statement should include your reasons for running as a candidate for Council and any other information which may assist voters in making an informed choice when electing members to Council.

(200 word maximum)

Word Count _____



To: Ontario College of Social Workers and Social Service Workers

From: _____

(Candidate's Name)

RE: Council Election 2024 in Electoral District No. 4

I put my name forward to be a candidate for election to the Council of the College.

Attached is a copy of my completed application package which I submit to the College for the purpose of this election. I acknowledge and represent that the information set out in my completed documents is true and accurate.

I also acknowledge that I agree to comply with the guidelines for procedures for candidates regarding the election as approved by the Election Committee.

I _____ declare on _____ that all of the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for the cancellation of my application to the College Council.

Council Member Profile: Governance Attributes and Competencies for College Council

As part of its mandate to serve and protect the public interest, the College seeks to ensure that the College Council and committees are representative of the clients and communities served by our registrants. The College has developed a Council Member Profile to assess governance attributes and competencies. The Council Member Profile, which is reviewed and updated annually by the Governance Committee, is used to:

- understand the collective competence of the current College Council and committees;
- inform a plan to address gaps and areas of opportunity through training and/or recruitment; and
- screen and score prospective candidates seeking to run for election.

NOTE: Demographic and behavioural attributes and skills/competencies which support good governance should be present for every candidate seeking election, however there is no expectation that every member of Council be advanced in every governance attribute or competency. Rather, all attributes and competencies should be assessed annually in relation to Council as a whole.

ATTRIBUTES

Attributes are defined demographic characteristics as well as attitudes and behaviours. On the application form, prospective candidates will be asked to self-identify on a voluntary basis with respect to demographics and describe, with examples, how they demonstrate the behavioural attributes that will enable them to serve effectively as a Council Member. This information will not be published.

COMPETENCIES

Competencies are the knowledge, skills, abilities, and behaviors that contribute to performance. Knowledge is information developed or learned through education, training and experience. Skill is the result of repeatedly applying that knowledge, ability or behaviour.

COUNCIL MEMBER PROFILE

The Governance Committee will review the Council Member Profile (list of governance attributes and competencies) annually and use it to assess the collective profile of the College Council as a whole.

The Election Committee will use the Council Member Profile to screen and score prospective candidates seeking to run for election.

DEMOGRAPHICS/INTERSECTIONALITY

Please note: the below questions are all optional to answer. You can choose to answer all, some or none of the questions. None of the information you choose to provide will be published.

Do you identify as First Nations, Métis and/or Inuit?

- Yes
- No
- Prefer not to answer

If yes, select all that apply.

Yes, First Nations

Yes, Métis

Yes, Inuit

Prefer not to answer

Yes, I identify with a group not listed _____

What is your ethnic or cultural origin(s)? For example: Anishnaabe, Canadian, Chinese, Colombian, Cree, Dutch, East Indian, English, Filipino, French, German, Guyanese, Haudenosaunee, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Korean, Lebanese, Métis, Mi'kmaq, Ojibway, Pakistani, Palestinian, Polish, Portuguese, Scottish, Somali, Sri Lankan, Ukrainian, etc.

Please list as many ethnic or cultural origins as you identify with _____

Prefer not to answer

In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East Asian," etc. Which race category or categories best describe you? Please indicate how you self-identify your race. Select all that apply.

Black (e.g. African, African-Canadian, Afro-Caribbean)

Caribbean (e.g., Afro-Caribbean, Guyanese, Indo-Caribbean, Jamaican, Trinidadian)

• What were the racial origins of your ancestors? Select all that apply.

Afro-Caribbean

Indo-Caribbean

I identify with a group not listed _____

Black

Latinx

East Asian

South Asian

Prefer not to answer

Indigenous

Southeast Asian

East Asian (e.g. Chinese, Korean, Japanese, Taiwanese)

Middle Eastern (e.g. Afghan, Arab, Egyptian, Iranian, Israeli, Kurdish, Lebanese, Persian, Turkish)

Southeast Asian (e.g. Cambodian, Filipino, Indonesian, Thai, Vietnamese)

Indigenous (e.g. First Nations, Inuit, Métis)

South Asian (e.g. Bangladeshi, Indian, Pakistani, Sri Lankan)

White (e.g. European descent, British, French, German)

Latinx (e.g. Hispanic, Latin American)

Prefer not to answer

I identify with a group not listed _____

Multiracial – please indicate how you self-identify _____

What is your religion and/or spiritual affiliation? Please indicate how you self-identify. Select all that apply.

Response options:

- | | | |
|---|--|---|
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Indigenous spirituality | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion/agnostic |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Hindu | | |
| <input type="checkbox"/> Interfaith – please indicate how you self-identify _____ | | |
| <input type="checkbox"/> I identify with another religion or spiritual affiliation not listed _____ | | |

What language(s), other than English or French, can you speak well enough to conduct a conversation? Examples of Indigenous languages: Inuktitut, Kwakiutl, Michif, Mi'kmaq, Mohawk, Severn Ojibway, Plains Cree, etc. Examples of non-Indigenous languages: Arabic, Hebrew, Hindi, Mandarin, Portuguese, Spanish, etc.

Select one response:

- None
- Other language(s) — please specify _____
- Prefer not to answer

Do you identify as a person with a disability? Select all that apply.

Please note – a formal diagnosis is not necessary to self-identify as a person living with a disability.

Response options:

- | | | |
|--|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, mental health disability | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Yes, physical disability | <input type="checkbox"/> Yes, neurodivergence | |
| <input type="checkbox"/> Yes, I identify with a group not listed _____ | | |

If you answered “yes”, please indicate which of the following best describes your disability/ies. Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Attention-deficit hyperactivity disorder (ADHD) | <input type="checkbox"/> Learning disability (LD) | <input type="checkbox"/> Sensory disability (e.g. vision or hearing) |
| <input type="checkbox"/> Autism spectrum disorder (ASD) | <input type="checkbox"/> Mental health condition (e.g. schizophrenia, depression, anxiety disorder, bipolar disorder, PTSD, etc.) | <input type="checkbox"/> Temporary disability/injury (e.g. broken bone) |
| <input type="checkbox"/> Chronic health condition (e.g. Auto-immune conditions, Crohn's disease, diabetes, cancer, etc.) | <input type="checkbox"/> Mobility disability | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Concussion / head injury | | |
| <input type="checkbox"/> I identify with a disability not listed _____ | | |

Please indicate which of the following terms best describes your gender identity. Select all that apply.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Agender | <input type="checkbox"/> Man | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Cisgender | <input type="checkbox"/> Nonbinary | <input type="checkbox"/> Woman |
| <input type="checkbox"/> Genderfluid | <input type="checkbox"/> Questioning | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Trans | |
| <input type="checkbox"/> I identify with an identity not listed _____ | | |

Do you identify as trans or consider yourself to be a part of a trans community?

- | | | |
|------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> No | | |

Please indicate which of the following terms best describe your sexual orientation. Select all that apply.

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Heterosexual / Straight | | |
| <input type="checkbox"/> I identify with an identity not listed _____ | | |

YEARS OF EXPERIENCE IN SOCIAL WORK/SOCIAL SERVICE WORK

The number of years I have of practice experience in social work/social service work:

- | | | |
|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 6-15 years | <input type="checkbox"/> 16+ years |
|------------------------------------|-------------------------------------|------------------------------------|

LANGUAGE PROFICIENCY

I can read and write fluently and participate fully in Council/committee/panel work, meetings, and deliberations in the following language(s):

- | | | |
|----------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Both |
|----------------------------------|---------------------------------|-------------------------------|

I can speak, listen and participate fully in Council/committee/panel work, meetings, discussions and deliberations in the following language(s):

- | | | |
|----------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Both |
|----------------------------------|---------------------------------|-------------------------------|

TIME COMMITMENT

I am willing to spend the required time in my schedule to actively participate in Council and committee meetings, adequately prepare for them, attend orientation and training sessions, and ensure punctuality for all meetings/hearings.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Please carefully review and conduct a self-assessment for the each of the competencies indicated below. Comments or examples may be provided to support your self-assessment score. As a reminder, there is no expectation that every member of Council be advanced in every governance attribute or competency.

PERSONAL COMPETENCIES

	Basic (1)	Good (2)	Strong (3)	Expert (4)
Self-aware and emotionally intelligent				
Able to think critically and problem-solve				
Able to assess situations creatively and generate novel or innovative solutions				
Able to communicate effectively, use active listening and clearly, effectively, concisely and accurately share ideas both orally and in writing				
Able to work in a team, build consensus and demonstrate respect in their interactions with others				
Comment box				

ORGANIZATIONAL COMPETENCIES

	Basic (1)	Good (2)	Strong (3)	Expert (4)
Efficient and effective in their work on a board or in an organization				
Inclusive and respectful of diversity				
Knowledgeable about Truth and Reconciliation and committed to learning and unlearning				
Independent of other memberships, directorships, voluntary or paid positions or affiliations which may present a conflict of interest				
Highly professional and ethical, committed to confidentiality and of good character				
Receptive to feedback and ongoing professional learning and development				
Comment box				

PROFESSIONAL EXPERTISE

	Basic (1)	Good (2)	Strong (3)	Expert (4)
Experienced and/or familiar with the law and specifically the legal framework governing professional regulation				
Familiar with the regulation of professions and/or with other regulated professions				
Understands and is committed to the College’s vision, mission and mandate; experienced in, and understands, the principles of protecting and acting in the public interest.				
Experienced in serving on boards and/or board committees; understands fiduciary duty (acts honestly, in good faith and in the best interests of the organization and its mandate)				
Demonstrates an understanding of the distinction between the role of a board of directors and the role of management (governance vs. operations)				
Experienced in implementing diversity, equity and inclusion and Truth and Reconciliation initiatives in the context of an organization				
Understands systems and organizations				
Experienced in strategic planning, including planning, implementation and evaluation				
Comment box				

TECHNOLOGY PROFICIENCY

	Basic (1)	Good (2)	Strong (3)	Expert (4)
Able to work effectively in a remote environment; proficient in the use of technology and able to navigate electronic systems to navigate Council and committee materials				
Experienced with databases, cybersecurity, and technological vulnerabilities				
Comment box				

SECTOR KNOWLEDGE

	Basic (1)	Good (2)	Strong (3)	Expert (4)
Knowledgeable, current and experienced with respect to Ontario's health and social service systems				
Experienced in senior leadership roles in business, health care institutions, government, and/or academia				
Knowledgeable and experienced in human resource management				
Experienced with respect to compliance and risk management				
Knowledgeable and experienced in financial management and/or accounting, including financial statements, audit, and generally accepted accounting principles				
Comment box				



Two references must be provided to support your application for election to Council. For each reference, please provide the name, email address, contact number and registration number (if applicable).

The reference letters should be from peers, supervisors or others who can attest to your experience and suitability for the role of a Council member.

Reference 1

Name:

Registration number (if applicable):

Email address:

Phone number:

Reference 2

Name:

Registration number (if applicable):

Email address:

Phone number:



Application Checklist

Please complete the following checklist to ensure that you have completed all components of the application package:

- | | | |
|---|---|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Candidate's Statement | <input type="checkbox"/> Two Reference Letters |
| <input type="checkbox"/> Certificate of Validation Form | <input type="checkbox"/> Acknowledgement Form | <input type="checkbox"/> Certificate of Completion for Candidate Quiz |
| <input type="checkbox"/> Biographical Summary Form | <input type="checkbox"/> Council Member Profile | |

Submit your application by the deadline of 5 p.m. (EST) on Friday, February 23, 2024, via email to elections@ocswssw.org.

If you have any questions or need further information about the election process, please feel free to reach out:

- Phone: 416-972-9882 / 1-877-828-9380 x422
- Email: elections@ocswssw.org

I _____ declare on _____ that all of the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for the cancellation of my application to the College Council.