

Nomination Form



Nomination form – NBA Steward-at-Large, Providence Health Care (PHC)

I, _____, put my name forward for nomination for a 0.2 FTE position as HSA NBA steward-at-large in Providence Health Care. I acknowledge that I must maintain at least a .2 FTE in my regular nursing position under the NBA, and that steward time of .2 FTE will be scheduled by mutual agreement by HSA and the employer.

Worksite:

Personal phone:

Position:

Personal email:

Why I want to serve as your steward: (Max. 250 words)

Head and shoulders photo attached (optional):

Signature: _____ Date: _____

Please submit to HSA by 11:59 p.m., Thursday, May 15th at info@hsabc.org or, alternatively, by hard copy to 180 East Columbia Street, New Westminster, BC V3L 0G7