

# 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 5 p.m., Friday, January 26 at [info@hsabc.org](mailto:info@hsabc.org) or, alternatively, by hard copy to 180 East Columbia Street, New Westminster, BC V3L 0G7