

Name of Agency, Board or Commission _____

Title of Position for Appointment _____

Authority for Appointment _____

(Please cite statute, regulation, etc. by title and refer to relevant section.)

Particulars of Recommended Appointee

Name _____

Address _____

Telephone: Bus. Res. Other _____

(Please specify - fax, cottage, car)

Is this a reappointment? Yes No Number of previous terms served: _____ Number of previous years served: _____

Nature of Duties _____

(Brief description)

Qualifications _____

(Refer to expertise and representation (i.e. culture, gender, ethnic, regional) required for position, and specific qualifications of recommended appointee. Attach résumé, if available.)

Current Composition of Agency/Board/Commission _____

(Where relevant identify gender, regional representation, etc., experts or persons with experience similar to the applicant.)

If candidate for appointment has been nominated by an organization _____

(Please indicate details.)

If request is for Governor in Council approval of appointment made by another organization _____

(Please indicate details.)

Term of Appointment _____

Date (beginning)

Duration (length)

Time commitment expected _____

(Number and duration of meetings, etc.)

Remuneration _____

(Specify whether already set or new recommendation.)

This Appointment is recommended subject to approval by the Human Resources Committee of the House of Assembly.

_____ **Date**

_____ **Minister**

This Appointment is recommended subject to approval by the Human Resources Committee of the House of Assembly.

_____ **Date**

_____ **Executive Council**

This Appointment is _____ approved by the Human Resources Committee of the House of Assembly.

_____ **Date**

_____ **Chair**