

**Board of Directors or Board Committee Recruitment Application Information**

**St. Thomas Elgin General Hospital**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHEDULE A: Qualifications, Expertise, and Experience Matrix**

Please indicate your areas of qualifications, expertise, and experience by checking off the relevant boxes in the table below. It is not expected that you possess qualifications, expertise, or experience in all the areas set out in the table. The table assists the Board in maintaining an appropriate mix of skills at the Board of Board Committee levels.

Skills Matrix Rating Scale		
3	Expert	Extensive experience, holds a designation, and/or primary career focus
2	Advanced	Extensive experience, current knowledge of this skills /competencies.
1	Basic / Acceptable	Broad knowledge acquired through practical business experience.
0	Low / Developing	Basic understanding of this topic or no experience in this area.

Finance / Accounting / Audit	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Information Technology / Cyber Security	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Artificial Intelligence	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Governance	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Legal & Regulatory	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Capital Management	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	

Acute Health Care	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Ethics	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Government Relations / Advocacy	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Enterprise & Risk Management	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Public Sector Experience	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Stakeholder Engagement	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Talent Management / Human Resources Culture & Compensation	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Strategic Planning	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	
Process Improvement Experience	<input type="checkbox"/> Expert (3) <input type="checkbox"/> Advanced (2) <input type="checkbox"/> Basic/Acceptable (1) <input type="checkbox"/> Low/Developing (0)
Validation Comments:	

Please indicate your geographical area of representation (Where you personally reside. - *i.e.* St. Thomas, Aylmer, West Elgin, Port Stanley, etc.):

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Please indicate your gender:

Male  Female  Non-Binary  Two-Spirit  Prefer not to disclose

Additional gender category/identity not listed - Please specify: \_\_\_\_\_

Do you identify as a part of an equity-deserving group:

Yes  No

Are you next generation leadership (less than 50 years of age):

Yes  No

Please describe other qualifications, expertise, and experience that you feel you will bring to the governance work of the Board (at the Board or Committee level):