

Health Sciences Association of Saskatchewan

DATE: JULY 31, 2024

TO: ALL HSAS MUSIC THERAPISTS, ORTHOPTISTS, AUDIOLOGISTS, SPEECH LANGUAGE PATHOLOGISTS, CHILD LIFE THERAPISTS, BEREAVEMENT COORDINATORS AND AUTISM SPECTRUM DISORDER CONSULTANTS,

FROM:AL BOUTIN, EXECUTIVE DIRECTORRE:ELECTION TO FILL EXECUTIVE COUNCIL SEAT

The Health Sciences Association of Saskatchewan (HSAS) Constitution and Bylaws require vacant Executive Council seats to be filled by ballot.

The current term of the seat on Executive Council representing the above-named professions will expire this fall. The new term of this seat will be for two years and will commence immediately following the 2024 HSAS AGM.

What is Executive Council?

• Executive Council is the legislative and policy making body which manages the affairs of HSAS between Annual Conventions.

Why should I run for Executive Council?

• It provides opportunities for yourself and fellow Members to participate in the governance of HSAS and the establishment of HSAS policies that work toward the continued improvement in the Members' work environment.

Do I need previous Union experience to be an Executive Council Member?

• No. For most Members, serving on Executive Council is a learning experience. We learn together and help one another. New Council Members will also receive an orientation following the Annual Convention.

What is the time commitment?

- Executive Council meets approximately six (6) times per year.
- Time commitment will include meeting preparation, attendance at Council meetings and Annual Convention, and committee work.

Are my expenses covered?

Time:

 HSAS has an established process whereby you do not lose wages for a scheduled shift you miss as a result of attending a meeting or attending to other approved Union business. For Union or committee time that you work on a day when you are not scheduled to be at work, an hourly stipend will be paid as per the current HSAS Expense Reimbursement Guidelines.

Travel:

• Travel and other incurred expenses are compensated for as per the current HSAS Expense Reimbursement Guidelines.

What is involved in the election process?

 Complete the attached nomination form and ensure it is <u>received</u> in the Saskatoon HSAS office by fax, email, or mail no later than
12:00 p.m. on <u>August 30, 2024.</u>

> #42 - 1736 Quebec Avenue Saskatoon, SK S7K 1V9 Fax Number: (306) 955-3396 Email: hsasstoon@hsas.ca

Confirmation of receipt of nominations will be given. Please provide a non-work email address to be used for the confirmation notice.

Note - Both the nominee and nominator must be active members of HSAS and the group which the nominee hopes to represent.

- 2. If more than one (1) nomination is received, candidate profiles and ballots will be provided to each Music Therapist, Orthoptist, Audiologist, Speech Language Pathologist, Child Life Therapist, Bereavement Coordinator and Autism Spectrum Disorder Consultant.
- 3. Results of the election will be posted on the HSAS website at **www.hsas.ca** and will be announced at the Annual Convention on **October 25, 2024.**

HSAS EXECUTIVE COUNCIL NOMINATION FORM

Must be received in the HSAS Saskatoon Office no later than 12:00 p.m. on August 30, 2024

> #42 - 1736 Quebec Avenue Saskatoon, SK S7K 1V9 Fax Number: (306) 955-3396 Email: <u>hsasstoon@hsas.ca</u>

I hereby nominate to be a representative on Executive Council for MUSIC THERAPISTS, ORTHOPTISTS, AUDIOLOGISTS, SPEECH LANGUAGE PATHOLOGISTS, CHILD LIFE THERAPISTS, BEREAVEMENT COORDINATORS AND AUTISM SPECTRUM DISORDER CONSULTANTS

Consent of Nominator (Please print your name)

Ι.

(Please sign your name)

, do hereby stand for election

to the position indicated above and, if I am elected, will accept the responsibilities of that position.

I hereby stand for the two (2) year term that expires immediately following the 2026 HSAS AGM

Consent of Nominee (Please print your name) (Please sign your name)

Non-work Email Address:

Note - Both the nominee and nominator must be active members of HSAS and members of the group the nominee wishes to represent.

Nominee Information

Please give a brief description of your education, work background, and the reasons you are interested in serving as an Executive Council Member. If more than one (1) nomination is received for the seat, this information will form the basis of a "Candidate Profile" which we will provide to each **MUSIC THERAPIST**, **ORTHOPTIST, AUDIOLOGIST, SPEECH LANGUAGE PATHOLOGIST, CHILD LIFE THERAPIST, BEREAVEMENT COORDINATOR AND AUTISM SPECTRUM DISORDER CONSULTANT** along with a ballot. Please write legibly and use the space provided.