ONTARIO NURSES' ASSOCIATION LOCAL 6

Ina Grafton Gage Home ● North York General Hospital ● Rockcliffe Care Community ● Shepherd Village Inc. ● Tendercare Living Centre ● Extendicare Scarborough ● RT North York General Hospital ● North York Family Health Team

NOMINATION FORM for 2027-2029 Local Elections

WORKPLACE/SITE/DEPT: _____

Position(s): _____ _____

_____ _____

_____ _____

_____ _____

(If you are applying for a committee position, indicate whether for chair or member)

NAME OF CANDIDATE

Please circle: Ms. Mrs. Miss Mr.

Surname: _____ Given Name: _____

Address: _____

Phone # Home: _____ Work: _____

ONA Reg. Number: _____

NOMINATORS

1) Surname: _____ Given Name: _____

ONA Reg. Number: _____

2) Surname: _____ Given Name: _____

ONA Reg. Number: _____

CONSENT OF CANDIDATE

1, the undersigned will allow my name to stand for the position posted on this form.

_____ _____

Signature Date

This completed Nomination Form must be returned by interoffice mail to ONA Local 6, the ONA box outside the cafeteria between the elevators, to the NYGH mailing address listed below or emailed to ***electionONA6@ona.org*** **with subject "ONA Election**" by **1600** on **August 26, 2026**, to be valid. For further information re: election process and descriptions of the Committees and Executive office call the ONA Local 6 office 416-491-7564 or the Bargaining Unit President or the Election Chair.

Election Chair (416-491-7564) - *Katrina Gabric,* ***electionONA6@ona.org***

Mailing Address: Attention: Election Committee
c/o ONA Local 6
1255 Sheppard Avenue East
Toronto, ON M2K 1E2