

2026 ICD FELLOWSHIP AWARD NOMINATION FORM

Please ensure you have read the **nomination guidelines** before completing. The nomination form can be submitted to nominations@icd.ca or faxed to 416-593-3343

Nomination Deadline: Thursday, October 16, 2025

Part I – NOMINEE CONTACT INFORMATION

Name:

Address:

Address 2:

City:

Province:

Postal Code

Telephone: Work

Home

Cell

Email Address:

Part II – BACKGROUND INFORMATION

Complete to the best of your knowledge. You are welcome to submit a résumé.

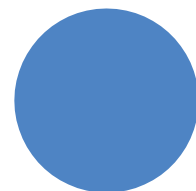
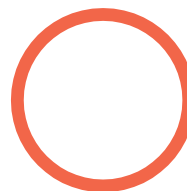
1. Education

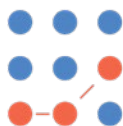
*Name & Location of School
or Institution*

*Course, Program,
Major field*

*Credits, Diploma,
Degree attained*

Date Completed





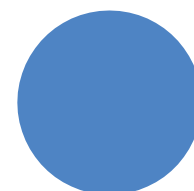
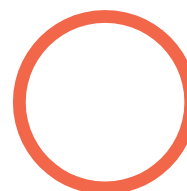
2. Directorships (If space does not permit send additional document)

<i>Name of organization</i>	<i>Years served</i>	<i>Position held (e.g. Board Chair, Governance Committee Chair, Director)</i>

3. Current or past employment

<i>Organization</i>	<i>Position</i>	<i>Years Served</i>

4. Membership in professional organizations (List):



5. Other designations, awards or other recognition (List):

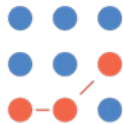
Part III – AWARD SELECTION CRITERIA

Please provide a comprehensive description of your nominees qualifications against the following selection criteria, as more fully described above:

1. **Leadership and Stewardship**
2. **Accountability to Stakeholders**
3. **Contributions to Governance**
4. **Relationship with the CEO and Management**
5. **Enhancing the Effectiveness of the Board**
6. **Collegiality**

Please cite examples that demonstrate actions/initiatives that go above and beyond what is normally expected in the boardroom. Note: Please not exceed 1000 words.

[illegible]



Part IV - REFERENCES:

Please submit three letters of reference in support of this nomination. The following individuals support this nomination.

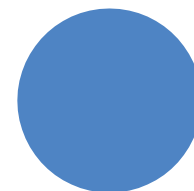
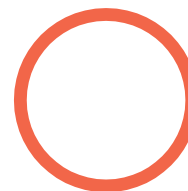
Name:	Occupation:
Address:	Business telephone:
Home telephone:	
Email:	
Name:	Occupation:
Address:	Business telephone:
Home telephone:	
Email:	
Name:	Occupation:
Address:	Business telephone:
Home telephone:	
Email:	

Part V – NOMINATOR DECLARATION:

To the best of my knowledge, the information contained in this application is true and
(print name of Nominee) adheres to the principles outlined in
[PROPER NAME]
the ICD Code of Conduct (excluding those sections that refer to ICD membership).

Signature

Date



Part V – NOMINATOR CONTACT INFORMATION

Name:

Address:

Address 2:

City:

Province:

Postal Code

Telephone: Work

Home

Cell

Email Address:

NOMINATION FORM CHECK LIST☐ **Part I** – Nominee's Contact information☐ **Part II** – Background Information (six categories) including résumé☐ **Part III** – Awards Selection Criteria☐ **Part IV** – Reference letters☐ **Part V** – Nominator's Declaration (Please ensure the form has been signed)