

CANDIDATE PROFILE AND DECLARATION

For appointees to the BC Care Aide & Community Health Worker Registry
Appeal Review Panel (ARP)

[Freedom of Information and Protection of Privacy Act \(FOIPPA\)](#)

The personal information on this form is collected for the purpose of obtaining sufficient information to determine your qualifications and suitability as a member of a public sector tribunal, namely the ARP. All information provided is considered confidential and will only be used for its stated purpose or for a purpose consistent with its original collection, unless applicable privacy legislation permits or mandates use or disclosure of your personal information for a different purpose. The Health Employers Association of BC (“HEABC”) is the custodian of both this form and all personal information you provide as a candidate applicant. Questions about the collection or use of the information can be directed to the privacy office at HEABC by email at privacy@heabc.bc.ca.

Part A – Personal information

Full legal name	Preferred Name		
Residential Address	City	Province	Postal Code
Home Telephone Number	Cell Phone Number		
Email Address			

Part B – Profile and Biography

B.1 Complete Items 1-4 in this section.

CV (Resume) attached.

1. Professional and employment background (chronology)

Organization	Position	Terms of Service (from – to)

2. Educational background (chronology)

Institution	Credential obtained	Terms Attended (from – to)

3. Professional designations / registration / licensing

Organization	Designation/Licensing or Registration #	Current Status (from-to)

4. Memberships in panels/volunteer/ community activities (chronology)

Organization	Position	Terms of Service (from – to)

Part B.2 – Biography

I agree that if I am appointed to serve, a biography of me may be provided to the entity requesting the appeal to identify any potential conflicts of interest. Please include a biography of no more than 400 words below. Address past leadership roles, employment, community involvement, education/credentials and other life aspects.

Note your biography may be edited for clarity. If so, it will be sent to you for your further approval.

Part C – Conflict of interest

A conflict of interest exists for an Appeal Review Panel (ARP) appointee who has a private or personal interest that appears to influence the ARP appointee’s judgement in making decisions in the ARP’s best interest. An appointee will complete a Conflict-of-Interest Declaration prior to appointment on an Appeal Review Panel.

A conflict of interest may take a number of forms:

- Financial or non-financial.
- Direct or indirect.
- Professional or family related.

I certify that I have read the above Conflict-of-Interest information and understand I will be required to complete a declaration before being appointed on an Appeal Review Panel.

Part D – Charter of expectations for appointees to the ARP

Appointees to the ARP are expected to review appeal decisions in the interest of administrative fairness¹, while striving for the highest standards. Expectations of you as an ARP member include the following:

Responsibilities:

Integrity

- In making decisions, you must always act in the public interests of the people of B.C.
- Ensure integrity in all dealings with and on behalf of the organization, including via social media platforms.
- Maintain the confidentiality of information received in your capacity as ARP member both during and after your appointment.
- Maintain the ongoing responsibility to disclose real or perceived conflicts of interest.
- Avoid real or perceived conflicts between your own private interests and the best interests of the organization.

Compliance

- Take all necessary and reasonable measures to ensure compliance with applicable laws, regulations and policies.
- Review the appeal in relation to compliance with the standards for Health Care Assistant (HCA) Program Recognition as per the [HCA Program Recognition Guide \(2023\)](#) and the [HCA Program Provincial Curriculum \(2023\)](#).

Accountability

- Base your decisions upon facts and reliable information.
- Be informed before taking action.

¹ Resource guideline: administrative fairness <https://bcombudsperson.ca/assets/media/OMB-FairnessInPractice-ForWEB-Feb18-5.pdf>

Governance

- Establish governance structures to ensure sound stewardship of the ARP.
- Monitor and assess the ARP's own effectiveness.

I certify that I have read the above charter and agree to abide by it for the duration of my service as an Appeal Review Panel member.

Part E – Integrity and Public Accountability

NOTE: An affirmative answer to any of the questions below does not automatically disqualify an applicant from being appointed. Each candidate's background will be considered in relation to the specific requirements of the appointment.

1. In your employment, business or personal affairs, have you, or any company in which you have a direct or indirect controlling interest, in B.C. or elsewhere:

(a) Been convicted of an offence under the Criminal Code of Canada?

(b) Been convicted of an offence under any other Federal or provincial statutes or regulations, including the Income Tax Act, the Controlled Drugs and Substances Act or others?

(c) Been the defendant in any civil action in which allegations of fraud, theft or defamation were made against you?

(d) Have any outstanding charges against you under federal or provincial statute, including civil action?

(e) Been cited, by, disciplined, censured, suspended or disqualified by any professional association or body?

h) have you ever owned/operated an institution and/or HCA education program?

If YES, to any of the questions, please describe:

2. Generally, are you aware of any facts or matters which, if publicly disclosed, could hinder your performance of your duties as an ARP member?

If YES, please describe:

Part G – References

Please provide a minimum of two references: (Optional if already provided with CV/Resume)

Name	Title	Relationship	Contact Number	Email Address

Part I – Declaration

- I understand that the Health Employers Association of BC may verify relevant information with respect to all candidates for potential appointments.
- I understand that I must maintain confidentiality regarding the parties involved in the appeal submission, even if I do not get appointed to the ARP or have other conflicts of interest.
- By signing below, I authorize the Health Employers Association of BC to verify or obtain any personal information about me directly from organizations or references referred to in this form and from any person, government education institution, police force, military authority or governing body for the purpose of evaluating my ability to serve.
- I consent to having information I provided in Part B (Profile / Bio) shared with the HCA Education Standards Committee for the purposes of evaluation and selection as a potential ARP appointee.
- If I am appointed to the ARP and after signing a Conflict-of-Interest Declaration, I consent to having information I provided in Part B (Profile / Bio) shared with Appellant so that they may ratify / confirm my appointment to review their appeal.
- If, at any time following the signing of this form, there are changes to the information given herein regarding conflict of interest, or any other part of this form, either by way of addition or deletion, within 14 calendar days of this change, I will submit an updated Candidate Profile and Declaration form to the Health Employers Association of BC describing such change.
- I solemnly promise that the information provided is true and complete.

Signature:	Date Signed (DD/MM/YYYY):
------------	---------------------------

Verification of Signature: I attest that my typed name in the signature line above is equivalent to my legal signature.

Please send the completed form and attachments to Registry.Appeals@heabc.bc.ca

Within 4 weeks of submission, you will be contacted regarding your submission.

Thank you for your time and interest in serving as an appointee to the BC Care Aide & Community Health Worker Registry Appeal Review Panel (ARP).