## Confidential Recommendation Form

Recommendation made by:		
Surname:	First name:	
D/BU:		
ecommendation (Please indic n the Statement of Needs)	cate strengths the Applicant brings to t	the Committee/Council based
ow will the Committee/Counc	cil benefit from the Member's participa	ation on the Committee/Council?
ther Comments		

Please submit this form to Giovanna Papatheodorou at pcapplications-temp2022@osstf.ca upon completion.

Where a negative recommendation is given for an applicant, the applicant may respond in writing to the negative recommendation to the Chairperson, Provincial Council Nominations Committee. Upon receipt of the response, the Chairperson of the Provincial Council Nominations Committee shall distribute the response to the members of the Provincial Council Nominations Committee.

To facilitate processing applications, both the application and the Confidential Recommendation Forms must be received by the Provincial Office by MARCH 1, 2024.

Applications received after March 1, 2024 will be considered for co-option, but will only be considered for appointment if there are insufficient on-time applications on file at Provincial Office.