

BOARD MANUAL

| | | | |
|-------------------|---|---------------------|---------------|
| Approved By: | Board | Number: | 4-B-10 |
| Date Issued: | November 28, 2006 | Page: | 1 of 2 |
| Last Review Date: | January 26, 2010 | Last Revision Date: | July 15, 2015 |
| SUBJECT: | Procedure for Members of the Public Addressing the Board | | |

Persons wishing to address the Board concerning matters relevant to the hospital must do so following the procedure outlined below.

1. Delegations are invited to make a presentation to the Board about governance and policy matters in relation to the hospital's vision, mission, values, and directional plan. To protect confidentiality, presentations and questions about an individual's care will not be permitted.
2. Application to appear before the board may be made by contacting the Corporate Secretary's office (telephone 749-4300 ext. 6709) and completing a Delegation Application Form (Appendix A).
3. The Delegation Application Form must be submitted no later than 10 working days prior to the date of the Board meeting or may be placed on the Board agenda with less notice at the discretion of the Chair of the Board. If a group wishes to make an oral submission, a spokesperson for the group must be identified.
4. Requests to address the Board on a specific item will be granted at the discretion of the Chair of the Board. The delegation's application may, at the discretion of the Chair of the Board, also be referred or redirected as appropriate. Persons not permitted to address the Board shall be so notified.
5. The Chair is not obligated to grant a request to address the Board. The Board is not obligated to respond to, or take any action on the presentation it receives.
6. The Board may limit the number of presentations at any one meeting.
7. Delegations addressing the Board will be required to limit their remarks to ten minutes. Exceptions to this time limit will be permitted only by a majority vote of the Board. Board members may ask questions following the presentation.

DELEGATION APPLICATION FORM
Grand River Hospital Board of Directors

DATE OF MEETING DELEGATION SEEKS TO ATTEND:

NAME OF INDIVIDUAL/ORGANIZATION:

ADDRESS:

TELEPHONE:

CONTACT NAME (Spokesperson for organization):

ISSUE TO BE ADDRESSED AND BRIEF SUMMARY OF PRESENTATION
(ADD ADDITIONAL PAGES IF NECESSARY):

WRITTEN MATERIALS ATTACHED: YES NO

Please return this application form and a written description of the matter to be addressed to:

**Grand River Hospital
Board of Directors
Office of the Corporate Secretary
Room J518
PO Box 9056
835 King Street West
Kitchener, ON N2G 1G3
Fax: 519-749-4274**