

Researchers in Drinking Water Systems Expression of Interest Form

Tell us how to contact you			
Full Name:			Date:
Surname	Given name	Initials.	YYYY/MM/DD
Address:			
Street address		Apartment/Unit #	
City		Province or Territory	Postal Code
Phone: ()		E-mail address:	
Preferred term of initial appointment		2 years <input type="checkbox"/>	3 years <input type="checkbox"/>
Preferred official language: English <input type="checkbox"/> French <input type="checkbox"/>			
Tell us about any post-secondary education			
College/University:		Degree:	
College/University:		Degree:	
Other relevant education:			
Tell us why you are interested in serving on the Research Advisory Committee (RAC). You may attach an additional page.			

Specific Industry Criteria

The WCWC is looking for specific skills, industry, and sectoral experience to make the RAC effective. Tell us which of the following criteria describe you and why (complete criteria that apply to you).

Research/Research Oversight (researchers are welcome; research oversight from university/college):

Technology development including funding programs

Water utility experience

Experience with small systems and their special requirements

Regulatory oversight

Organizational Leadership Criteria

Strategic planning/thinking
(Experience in setting objectives and planning programs to meet these objectives)

Political Criteria

Understanding of the municipal sector and politics
(Experience working in, or with, the municipal sector/politics in Canada)

Additional Qualifications

Please tell us about any relevant qualifications you may have that don't fit into the above criteria. You may attach an additional page.

Provide us with your references

Please list two professional references.

Full name:

Relationship:

Company:

Phone: ()

E-mail address:

Mailing address:

Full name:

Relationship:

Company:

Phone: ()

E-mail address:

Mailing address:

Disclaimer and Signature**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information in this expression of interest and its supporting documents is accurate and complete. I understand and agree that misrepresentation or omission of material facts represents grounds for elimination from consideration for Committee membership, or termination of Committee membership after if discovered at a later date. I authorize WCWC to investigate, without liability, all statements contained in this Expression of interest and supporting materials. I authorize references without liability, to make full response to any inquiries in connection with this expression of interest.

Signature:

Date:

Please return this completed **“Researchers in Drinking Water Systems Expression of Interest”** form, along with your **curriculum vitae** no later than **midnight (EST), February 3, 2014** to the following e-mail address: inquiry@wcwc.ca. Inquiries may also be directed to this e-mail address.