



## **Candidate Statement Form**

If you are nominated in your district, you will need to submit a Candidate Statement with your Nomination Form and Candidate Declaration Form. Massage Therapists eligible to vote require adequate, reliable and consistent information about each electoral candidate to assist them in exercising an informed vote. The Candidate Statement will be made available to eligible voters and will assist them in understanding why you would make a good Council member.

Included below is a Candidate Statement template. Candidates must not comment on any College of Massage Therapists of Ontario (the College) business of which they may have knowledge related to current committee work, which is not yet public information. Your information needs to reflect the College's role in protecting the public interest and must not make reference to representing Massage Therapists, as this is not the role of Council or Committee members.

Please note, the College will not alter your Candidate Statement in any way, including content and formatting. It will be distributed as received and will include a disclaimer indicating that the opinions and comments contained in any statement are that of the candidate and are neither verified nor endorsed by the College.

Current Council members are considered to hold positions of trust and influence and will not endorse any candidate in an election.



## Candidate Statement

First Name:	Last Name:
Registration Number:	

Massage Therapists are elected to serve the public, meaning all actions and decisions must be made with the best interests of the public in mind. Being a Council member means putting the interests of the public ahead of the professional interests of Massage Therapists.

**Section A – Statement of Intent:** *In **no more than 300 words** please describe your academic and professional background including your **skills and experience** in relation to the College’s **mandate** and how this makes you suitable as a Council Member. Please include a short statement as to how you intend to fulfill your role and responsibilities, if elected.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_