

LOCAL IMMIGRATION PARTNERSHIP COUNCIL
Potential Member Questionnaire

CANDIDATE INFORMATION

Name:

Address, Telephone, Email:

Business/Organization:

Your Position/Title:

Language(s) Spoken:

Please rate yourself in each category on a scale of 1 – 5, where 1 represents 'Needs Improvement', and 5 is 'Excellent'.

	1	2	3	4	5
I understand Hamilton's immigration issues, including:					
Attraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcoming communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a brief response to the following questions:

1. Why would you like to be considered for a position on the Immigration Partnership Council?
2. What personal quality or attribute do you possess that you feel will most contribute to the success of the Partnership Council?
3. Using an example, please outline your experience in working collaboratively, or in partnership, with community groups.
4. What are some of the challenges you think the Council will face in fulfilling its mandate?
5. Please provide other comments that you would like to add.