

Board Meeting Observer Request

Date:			
First Name:		Last Name:	
Email:			

Women's College Hospital Board Meeting

Date of Board Meeting:		
Please provide a brief explanation for the reason you would like to observe a WCH board meeting:		
Closed Session:	If the Board Chair determines that all or a portion of any meeting will be a closed session, you will be required to exit the meeting.	
In Camera:	Please note once the Chair has adjourned the meeting to go into in camera you must exit the meeting.	
Declaration:	Please sign that you understand that if you are approved to attend the board meeting you are attending as an observer and are not allowed to ask questions and must exit once the meeting is adjourned or determined as a closed meeting.	
Signature:		
WCH Board Chair Approval:		
	_____	_____
	Board Chair	Date

Please submit the form to wch_board_office@wchospital.ca

Once approved, you will receive a calendar invite with a zoom link.