



**Veterans Review and
Appeal Board Canada**

**Tribunal des anciens
combattants (révision et appel)**

Candidate Information Summary

Application Form

1. Complete and print the Application Form. All forms must be dated and signed.
2. Provide any additional information, which you believe useful. If the space provided is not sufficient you may supplement it by attaching additional numbered pages.
3. Return the completed form and other material to:

**Screening and Interview Committees
Veterans Review and Appeal Board
P.O. Box 534
Charlottetown, Prince Edward Island
C1A 7L1**

The Application Form and other material received will be submitted to the Screening and Interview Committees for assessment.

All information will be kept in confidence. When making inquiries, all efforts will be made to maintain confidentiality; the Committees, however, cannot accept responsibility for any unauthorized disclosure of an applicant's name.

Please note: Information entered in this form is deleted upon exit. Please print a copy for future reference. For security reasons, do not FAX or E--Mail this document.

1. Personal Information	
1(a) Surname	1(b) Given Names
2. Address	
2(a) Number, Street, Apt.	2(b) City
2(c) Province/Territory(if applicable) Click to choose <input type="text"/>	2(d) Postal Code
2(e) Use as Mailing Address <input type="checkbox"/> Or	
2(f) Home Phone <input type="text"/>	2(g) Work Phone <input type="text"/>
2(h) Home Fax <input type="text"/>	2(i) Work Fax <input type="text"/>
2(j) Cell <input type="text"/>	2(k) E-mail <input type="text"/>
3. Place of Residence	
3(a) I am applying for positions in: <input type="checkbox"/> Vancouver <input type="checkbox"/> Edmonton <input type="checkbox"/> Toronto <input type="checkbox"/> Quebec City <input type="checkbox"/> Montreal <input type="checkbox"/> Charlottetown <input type="checkbox"/> Ottawa	
4. Travel	
4(a) If appointed I would be willing to travel within the Province or Territory or within Canada, as required. <input type="checkbox"/>	
4(b) Comments	
5. Language(s)	
5(a) Language(s) in which you are competent to conduct a hearing <input type="checkbox"/> English <input type="checkbox"/> French	
5(b) Which official language do you want to use?	For a written test? <input type="checkbox"/> English <input type="checkbox"/> French
In correspondence? <input type="checkbox"/> English <input type="checkbox"/> French	For Interviews? <input type="checkbox"/> English <input type="checkbox"/> French
5(c) Comments	

6. Education				
	Name of Institution	Years Attended	Degree/Diploma	Year Obtained
6(a)	Post Graduate			
6(b)	University			
6(c)	Continuing Education			
6(d)	Other Education and/or Training:			
7. Professional and Employment History				
7(a)	Please provide information on your past work experience			

7(b)	Other Professional responsibilities, involvement in professional associations, teaching, publications, etc.
8. Community Involvement	
8(a)	Community involvements, memberships, interests
8(b)	Experience with Veterans' issues

9. Objectives

9(a) The Veterans Review and Appeal Board provides Veterans, current and former members of the Canadian Forces and Royal Canadian Mounted Police, and certain civilians and/or their dependents with the opportunity to request a review or appeal of disability pension decisions and final appeals on War Veterans Allowance cases.

Please explain your reasons for seeking this appointment, and how your education, experience, and character would assist you in discharging these duties. Please provide some examples that clearly demonstrate your experiences as a decision maker in, or presenting cases before, a quasi-judicial administrative tribunal or an acceptable combination of relevant experience in other fields including disability compensation or Veterans' affairs.

9(a)	Objectives (continued)

10. References	
List the names of persons who may be consulted by the Committees concerning your candidature, together with the information requested below for each. Please ensure that your references are aware that they will be consulted by the Committee regarding your application. Please note that one of your referees should be a superior. If this is not possible, provide explanation.	
10(a)	Reference Name: <input style="width: 90%;" type="text"/>
10(b)	Occupation: <input style="width: 90%;" type="text"/>
10(c)	Address: <input style="width: 90%;" type="text"/>
10(d)	Work Phone <input style="width: 40%;" type="text"/>
10(e)	Home Phone <input style="width: 40%;" type="text"/>
10(f)	The referee is/was your: (If Other, please explain)
	<input type="checkbox"/> Superior <input type="checkbox"/> Subordinate <input type="checkbox"/> Peer <input type="checkbox"/> Other <input style="width: 150px; height: 30px; margin-left: 20px;" type="text"/>
10(g)	Is the referee's knowledge of your skills and abilities current?
	<input type="checkbox"/> Yes (within the past two years) Dates: from <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> <input type="checkbox"/> No (more than two year ago) Dates: from <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/> (If no, please explain why you have chosen this referee)
10(h)	Provide details on relevance of referee's knowledge of your skills and abilities (i.e. the nature of your working relationship with the referee).

14. Attestation and Signature

I, _____, attest to the veracity of the information provided in the application form.

Candidate's signature

Date

15. Attestation and Signature

I, _____, hereby authorize the Veterans Review and Appeal Board and Screening and Interview Committees to make discreet inquiries with respect to my suitability for application for Veterans Review and Appeal Board Member appointment from any source at the appropriate stage of the Committees' deliberations.

Candidate's signature

Date