

NFP Governance Essentials Program (NFP Program)

Application for Admission

COURSE OVERVIEW

The NFP Program is a national governance education program jointly developed by the Institute of Corporate Directors and the Rotman School of Management, University of Toronto. The program is delivered nationally in collaboration with leading schools across Canada for directors and executive directors of small and large not-for-profits.

ELIGIBILITY REQUIREMENTS

The NFP Program admissions policy has been developed with a belief that positive learning environments are best achieved when a class is constructed by balancing diversity, experience, and the ability of participants to contribute positively within the group.

To be eligible for admission into the NFP Program, applicants are required to have either board experience, senior management experience, or professional experience. Preference will be given to applicants who have demonstrated experience with, or a desire to become involved in, the governance of not-for-profit organizations. Space is limited and there is no guarantee of admission into the program. Preference will be given to those with the most applicable experience and to address issues of diversity within the class setting.

REQUIRED FROM APPLICANT

To submit a complete application to the Admissions Committee of the NFP Governance Essentials Program (NFP Program), please send the following to the education@icd.ca:

1) Completed application form

Applicants are strongly encouraged to submit a complete application as early as possible. All applications are date stamped and only completed applications are reviewed.

COURSE FEE

For current ICD members with membership in good standing: \$2500 plus applicable taxes .
Non-members receive a complimentary one-year membership.

APPLICABLE TAXES: (Taxes are based on program location)

MEMBERSHIP IN THE ICD

The Institute of Corporate Directors is committed to providing its members with a wide range of tools, resources and services that supports them in being effective directors and creating high-performing boards.

NOTICE OF ADMISSION

The NFP Program has an Admissions Committee that reviews all applications for program eligibility. Results are communicated to applicants by email within 2 weeks of receipt of an application.

* Please note that this is not an open-enrollment course, and ICD reserves the right to limit admission to applicants with an appropriate level of experience. Space is limited and there is no guarantee of admission into the program.

NFP Program Application Form

NFP Course Location (City)

Course Start Date

The ICD receives applications from many qualified applicants wishing to participate in the NFP course and there is no guarantee of admission. Should class space not be available for the program start date to which you have applied - do you wish to have your application forwarded to the next available program for consideration by the Admissions Committee?

Yes No If Yes, please note the preferred city _____

APPLICANT

Mr. Ms. Mrs. Dr.

Last Name

First Name

Middle Initial

Preferred Name

Professional Designation(s)

Full name as it should appear on graduation certificate

HOME CONTACT DETAILS

Street Address

Suite Number

City

Province/State

Postal/Zip Code

Telephone

Cell

BUSINESS CONTACT DETAILS

Title

Company

Street Address

Suite Number

City

Province/State

Postal/Zip Code

Telephone

Ext.

Cell

Participant E-mail

Assistant's E-mail

Company Web site

Preferred mailing address: Business Home

Type of Company: Public For Profit Private For Profit Commercial Crown Not-For-Profit (including NFP Crowns)

Company Size (by annual gross revenue): Under \$500 million Over \$500 million Over \$1 billion

Industry Sector (select one from the choices below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia & Education | <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Environment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Agriculture & Food Production | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail & Consumer Products |
| <input type="checkbox"/> Aviation & Aerospace | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Security & Defense |
| <input type="checkbox"/> Banking, Finance & Investments | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Broadcasting & Telecommunications | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Medical & Healthcare | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Consumer Products & Manufacturing | <input type="checkbox"/> Mining | |
| <input type="checkbox"/> Energy & Power | | |

EDUCATION (where you earned your highest degree)

Name of Institution	Degree Earned	Year of Graduation
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PLEASE LIST BOARD EXPERIENCE (if necessary, attach separate list)

ORGANIZATION	TYPE OF COMPANY i.e.: Public For Profit, Private For Profit, Commercial Crown, Not-For-Profit (including NFP Crown's)	SIZE OF ORGANIZATION REVENUE i.e.: Under \$500 million, Over \$500 million, Over \$1 billion	BOARD POSITION i.e.: Chair, Vice-Chair, Audit Committee Chair, Governance Committee Member	YEARS SERVED i.e.: 2001-2005

CANCELLATION POLICY

Refunds will be given for cancellations received in writing to the ICD no later than 14 days before the start date of the course, and will be subject to an administrative fee of \$250 (plus applicable taxes).

- No refunds or credits will be provided for cancellations received less than 14 days before the start date of the course. Non-attendance will incur the full course fee.
- Should the ICD need to cancel or postpone a course offering, applicants will be issued a full refund.

COLLECTION OF PERSONAL INFORMATION AND PROTECTION OF PRIVACY

For more details visit www.icd.ca/privacy.

DECLARATION

I hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. I understand that if the Institute of Corporate Directors (ICD) finds to the contrary, my association with, admission to, or registration in the course may be rescinded and cancelled after notice in writing to me. Once registered in the course, I understand that I am fully responsible for all fee payments. I pledge to conduct myself in a manner of integrity, honesty and respect for individuals in the ICD community. If I am found to act in a manner contrary to the aforementioned values, I understand that I may be required to withdraw from the course.

SIGNATURE

Applicant's Signature

Date

On behalf of the ICD, thank you for your commitment to good governance by contributing to and benefitting from the exchange of knowledge and experiences to optimize your board performance and make a lasting impact.

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO EDUCATION@ICD.CA

At the Institute of Corporate Directors (ICD), we are committed to protecting your personal information and safeguarding it in every transaction, at every level of our organization. We are responsible for personal information that we hold and have designated individuals to be accountable for our compliance with applicable privacy and data protection laws.

METHOD OF PAYMENT

\$2,500 plus applicable taxes (non-members receive a one-year membership)

Visa Mastercard Enclosed, please find my cheque payable to the **Institute of Corporate Directors**

Card # Expiry Date (mm/yy)

Name on Card

Signature of Applicant Authorized cardholder signature (if different from applicant)

Date

Course fees are due at the time of application. In the event that the applicant is not admitted into the course, a refund will be issued.

SOCIAL INSURANCE NUMBER

The Canada Revenue Agency (CRA) requires not-for-profit and educational institutions to include a Social Insurance Number (SIN) with all filings of the T2202 Education and Textbook Amounts Certificate form. The ICD must provide this information to the CRA in order to issue course participants a receipt for income tax purposes.

If you wish to provide this information through our secure webpage, please indicate so below and visit <https://icd.ca/secureSIN>. If you DO NOT require a receipt for income tax purposes, we kindly ask that you click the box below and confirm your decision to decline.

For more information regarding the new CRA requirements, please refer to the [CRA website](#).

- Online Submission
- OPT OUT – No Tax Receipt Required

SIN Applicant's Signature

NFP Program RBC Foundation Scholarship Application Form

Name of Applicant

Name of not-for-profit organization

Role in the above mentioned organization

Have you received a donation from the RBC Foundation in the last year? YES NO

DETAILS

A limited number of need-based RBC Foundation Scholarships, valued at \$2,500* each, are available to support the participation of not-for-profit board members and executive directors who otherwise may not be able to participate in the program due to financial considerations. *As funding only covers tuition fees, all scholarship recipients are responsible for paying applicable taxes in their jurisdiction.

WHO IS ELIGIBLE?

The applicant must currently be a board member or executive director of a CRA registered charity, or newly appointed to such an organization. (Please provide CRA number.) Organizations whose primary objectives are religious or sectarian are not eligible for scholarships.

HOW TO APPLY

Applicants must complete the scholarship application form and submit a funding request letter (no more than two pages in length) along with their admissions application prior to the application deadline. The funding request letter should detail the organization's mission as well as financial need. The letter should also demonstrate how participation in this program will impact any of the following groups:

Indigenous, Newcomers, Visible minorities, Persons with disabilities, Underserved populations with limited access to resources

The ICD is committed to diverse representation and including voices that are reflective of Canadian society and of our director community. We encourage candidates to voluntarily self-identify on their application around their dimensions of diversity.

- Please check if you are a Francophone
- Please check if you are an Anglophone
- Please check if you are bilingual (English/French)
- Please check if you identify as a person with a disability
- Please check if you identify as Indigenous (First Nations, Métis, Inuit)
- Please check if you identify as Black or as a Person of Colour
- Please check if there are other aspects of diversity you would like to articulate. Please list below:

There is no guarantee of receiving a scholarship. All decisions are final. Decisions will be communicated to applicants within ten (10) business days following the application deadline.

YOUR COMPLETED APPLICATION, can be emailed to education@icd.ca.

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