



COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY)

CANDIDATE NOMINATION PAPER

Starting **Monday, October 17, 2022**, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

CANDIDATE INFORMATION					
Candidate name	Last name	First Name	Middle Name		
Name to appear on the ballot					
Residential Address	Street #	Street Name	Unit #	City/Town	Postal Code
Mailing Address (if different)					
Contact (check preferred contact)	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Alternate Phone (if applicable)	<input type="checkbox"/> Email		
DECLARATION OF CANDIDATE ELIGIBILITY AND CONSENT <small>(to be completed in the presence of the authority witnessing)</small>					
<p>I, _____ declare that <small style="margin-left: 100px;">Print full name of candidate</small></p> <p>I am a Canadian citizen, at least 18 years of age, and that my qualifications as an elector for the Commission scolaire francophone du Yukon is/are <i>(select all that apply)</i></p> <p><input type="checkbox"/> Residency: I have been a Yukon resident for a minimum of three months <u>and</u> I have minority language rights under Section 23 of the <i>Charter of Rights and Freedoms</i></p> <ul style="list-style-type: none"> • French language: my first language learned and still understood is French • Primary school instruction: I received part of my primary school instruction in Canada in French as a First language (this excludes French immersion instruction) • Family continuity: I am a parent* whose child is receiving or has received their primary or secondary school instruction in French as a First language (this excludes French immersion instruction) <p>AND/OR</p> <p><input type="checkbox"/> Attendance: I am a parent* of a student attending a school operated by the Commission scolaire francophone du Yukon</p> <p><small>* Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.</small></p> <p>and I consent to my nomination as a candidate in the election of trustees of the Commission scolaire francophone du Yukon.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;"><small>Signature of candidate</small></p>					
AUTHORITY WITNESSING THE DECLARATION					
<p>Declared before me, _____</p> <p style="text-align: center;"><small>Print the full name of the person witnessing the declaration</small></p> <p style="text-align: right; margin-right: 100px;"><small>Title of the person witnessing the declaration</small></p>					
<small>City/Town/Village Witnessed</small>	<small>Signature of Election Official / Yukon First Nation Chief or Deputy Chief / Notary Public</small>	<small>Date</small>	<small>Phone (if not an Election Official)</small>		

ELECTOR DECLARATION FOR CANDIDATE NOMINATION

We the undersigned, as qualified electors for the CSFY (as per declaration on page 1), nominate _____
Print full name of candidate
 as a candidate in the election of trustees to the Commission scolaire francophone du Yukon.

#	Name of nominating elector	Address	Signature
1			
2			
3			
4			
5			

DECLARATION OF WITNESS

I, _____ of _____
Witness name Address

declare that I witnessed the signing of this nomination form by the electors listed above.

Signature of witness to signatures Date

Note: nominations require a minimum of three signatures from qualified electors. A witness to all the signatures submitted is required. The person being nominated may be a witness.

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NOMINATION SUBMISSION (THIS SPACE FOR ELECTIONS YUKON USE ONLY)

Statement of ineligibility n/a yes Receipt issued

Accepted by: _____
Election Official Accepting the Nomination Form Signature of Election Official Accepting the Nomination Form Date and Time

Approved by: _____
Election Official Approving the Nomination Form Signature of Chief Electoral Officer / Assistant Chief Electoral Officer / Chief Returning Officer Date and Time

Once approved, the candidate will be notified and their name will be posted to ElectionsYukon.ca as a candidate seeking election.

COMPLETING THE NOMINATION FORM

A sample of a Nomination Paper is attached to help you complete your Nomination Paper to ensure that it is accepted by the Returning Officer when you file. You should read these instructions before you fill in the Nomination Paper.

INSTRUCTIONS

1. Print full name – last, first, and middle name.
2. Print the name to be used on public notices; this should be the name you use in the community or are commonly known by.
3. Print your physical address.
4. Print your mailing address (if different).
5. Include your contact information for use by the Returning Officer and Elections Yukon. Indicate which should be used as your primary contact.
6. Print your name in full.
7. Read the “Declaration of Candidate Eligibility and Consent” and place a checkmark beside the eligibility criteria which qualify you as an elector for the Commission scolaire francophone du Yukon.
8. Sign in the presence of an Election Official, First Nation Chief or Deputy Chief, or a Notary Public, to confirm your eligibility and your consent to be nominated as a candidate.
9. To be signed and dated by the Election Official, First Nation Chief or Deputy Chief, or a Notary Public.

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CANDIDATE INFORMATION					
Candidate name	Last name	First Name	Middle Name	1	
Name to appear on the ballot	2				
Residential Address	Street #	Street Name	Unit #	City/Town	Postal Code
Mailing Address (if different)	3				
Contact (check preferred contact)	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Alternate Phone (if applicable)	<input type="checkbox"/> Email	4	
5					
DECLARATION OF CANDIDATE ELIGIBILITY AND CONSENT (to be completed in presence of the authority witnessing)					
I, _____ declare that					
Print full name of candidate					
I am a Canadian citizen, at least 18 years of age, and that my qualifications as an elector for the Commission scolaire francophone du Yukon is/are (select all that apply)					
<input type="checkbox"/> Residency: I have been a Yukon resident for a minimum of three months and I have minority language rights under Section 23 of the <i>Charter of Rights and Freedoms</i>					
<ul style="list-style-type: none"> • French language: my first language learned and still understood is French • Primary school instruction: I received part of my primary school instruction in Canada in French as a First language (this excludes French immersion instruction) • Family continuity: I am a parent* whose child is receiving or has received their primary or secondary school instruction in French as a First language (this excludes French immersion instruction) 					
7					
AND/OR					
<input type="checkbox"/> Attendance: I am a parent* of a student attending a school operated by the Commission scolaire francophone du Yukon					
* Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.					
and I consent to my nomination as a candidate in the election of trustees of the Commission scolaire francophone du Yukon.					

Signature of candidate					
AUTHORITY WITNESSING THE DECLARATION					
Declared before me, _____					
Print the full name of the person witnessing the declaration					

Title of the person witnessing the declaration					

Date					

Do not sign if not an Election Official					

COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY) CANDIDATE NOMINATION PAPER

ELECTOR DECLARATION FOR CANDIDATE NOMINATION

We the undersigned, as qualified electors for the CSFY (as per declaration on page 1), nominate _____ **10**
Print full name of candidate
 as a candidate in the election of trustees to the Commission scolaire francophone du Yukon.

#	Name of nominating elector	Address	Signature
1			12
2	11		
3			
4			
5			

DECLARATION OF WITNESS

I, _____ of _____
Witness name Address
 declare that I witnessed the signing of this nomination form by the electors listed above. **13**

Signature of witness to signatures Date
 Note: nominations require a minimum of three signatures from qualified electors. A witness to all the signatures submitted is required. The person being nominated may be a witness.

Starting Monday, October 17, 2022, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

NOMINATION SUBMISSION (THIS SPACE FOR ELECTIONS YUKON USE ONLY)

Statement of ineligibility n/a yes Receipt issued

Accepted by: _____ **14** _____
Election Official Accepting the Nomination Form Signature of Election Official Accepting the Nomination Form Date and Time

Approved by: _____
Election Official Approving the Nomination Form Signature of Chief Electoral Officer / Assistant Chief Electoral Officer / Chief Returning Officer Date and Time

Once approved, the candidate will be notified and their name will be posted to ElectionsYukon.ca as a candidate seeking election.

INSTRUCTIONS (Cont'd)

10. Print your name as the candidate.
11. Print the name and physical residential address of each elector making a nomination. Electors must be qualified to vote in the School Board election to nominate a candidate.
12. Nominating electors must sign the form in the presence of the person collecting the nominations.
13. Complete with the name, address and signature of the person who witnessed the signatures of the nominating electors. If you, as a candidate, were present when your Nomination Paper was signed by the nominating electors, you may be the witness to their signatures.
14. To be completed and signed by the Election Official accepting the nomination paper, and then by the Election Official at Elections Yukon who approves your nomination. You will be notified once your nomination has been approved.

**STATEMENT OF INELIGIBLE CANDIDATE
SCHOOL BOARD ELECTION**



**DÉCLARATION D'INÉLIGIBILITÉ
D'UN CANDIDAT OU D'UNE CANDIDATE
À UN POSTE DE COMMISSAIRE**

I,
Je,

Name of Candidate/Nom du candidat ou de la candidate

of
habitant au

Address/Adresse

a candidate for trustee for the
candidat ou candidate à un poste de commissaire pour la

School Board/Commission scolaire

declare that I am ineligible as a candidate for election to trustee of the School Board named above pursuant to section 151 (1)(e) of the *Education Act*.

If elected, I will divest the grounds of ineligibility within 30 calendar days of polling day. I make this statement knowing it is of the same force and effect as if made under oath.

I understand that, if elected, and if I fail to divest the grounds for ineligibility within 30 calendar days of polling day, I am guilty of an offence under the Education Act and subject to penalty, and that my election as a trustee is void.

déclare que je suis inéligible en tant que candidat/candidate à l'élection au poste de commissaire de la commission scolaire nommée ci-dessus, conformément à l'alinéa 151 (1)(e) de la *Loi sur l'éducation*.

Si je suis élu/élue, je me départirai des motifs d'inéligibilité dans les 30 jours civils suivant le jour du scrutin. Je fais la présente déclaration en sachant qu'elle a la même force et le même effet que si elle était faite sous serment.

Je comprends que si je suis élu/élue et que si je ne me défais pas des motifs d'inéligibilité dans les 30 jours civils suivant le jour du scrutin, je suis coupable d'une infraction à la Loi sur l'éducation et passible d'une sanction et que mon élection comme commissaire est nulle.

Signature of candidate/Signature du candidat ou de la candidate

Date

Accepted by
Accepté par

Signature of Election Officer/Signature du directeur ou de la directrice du scrutin

Date

**APPOINTMENT OF CANDIDATE'S AGENT
SCHOOL BOARD ELECTIONS**



**NOMINATION DE L'AGENT OU DE L'AGENTE D'UN
CANDIDAT OU D'UNE CANDIDATE À LA
COMMISSION SCOLAIRE**

I, _____ appoint
Je, _____ nomme
Candidate name/Nom de candidat ou de la candidate Name/Nom

of
habitant au _____
Address/Adresse

to act as my agent and to represent me at the polling location in the election of trustees for the:
comme agent ou agente pour me représenter au bureau de vote pour l'élection des commissaires de la : _____
School Board/Commission scolaire

Signature of candidate/Signature du candidat ou de la candidate

OATH/SERMENT

To be completed in presence of Election Officer/Doit être rempli et signé en présence d'un membre ou d'une membre du personnel électoral

I,
Je, _____
Name of agent/Nom de l'agent ou de l'agente

Swear (or affirm) that:

- In representing the candidate at a polling location, I will maintain and aide in maintaining the secrecy of the vote
- I will act on direction from the Election Officer

Jure (ou déclare solennellement) ce qui suit :

- En représentant le candidat ou la candidate dans un bureau de vote, je conserverai et aiderai à conserver le secret du vote
- J'agirai selon les directives du personnel électoral

Signature of agent/Signature de l'agent ou de l'agente Date

Sworn (or affirmed) before me/Déclaré sous serment (ou solennellement) devant moi à

Location/Lieu Signature of Election Officer/Signature du ou de la membre du personnel électoral Date