

## Registration Form

Thank you for your interest in the CEO Health + Safety Leadership Network. To register, please **complete, save and email this form to [CEOHSNetwork@WSPS.ca](mailto:CEOHSNetwork@WSPS.ca)**.

*Note: all fields in this form must be completed in order for your membership to be activated. Please see Membership Guidelines for additional information.*

### Primary Contact Information

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#### **CEO (or most Senior Executive in Canada):**

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First Name

Last Name

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Title

Main Telephone No.

Email Address

#### **Operational Leader (e.g.: General Manager, Director, CIO, COO, Manager):**

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First Name

Last Name

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Title

Main Telephone No.

Email Address

#### **Company Contact Information:**

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Company Name

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Address

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City

Country

Postal Code

#### **Assistant Contact Information:**

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First Name

Last Name

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Title

Main Telephone No.

Email Address

## Requested Information

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**1. As a member of the CEO Health + Safety Leadership Network, I agree to the following terms of participation:**

- Share organizational & industry best practices with CEO Health + Safety Leadership Network members
- Activate knowledge (i.e. take on an idea from a member making it work for you)
- Actively participate in CEO Health + Safety Leadership Network events:
  - CEO Networking Events - twice per year
  - Safety Culture Network Knowledge & Exchange (NKE) for Operational Leaders – three times per year
- Participate in collaborative research projects, policy discussions and initiatives of the CEO Health + Safety Leadership Network
- Agree to meet face-to-face with CEO colleagues and openly discuss challenges, progress, and best practices
- Agree to host tours and site visits for members of the Network
- Consider sponsorship opportunities to demonstrate your commitment in a more visible way to your employees, customers, investors and stakeholders
- Provide a commitment statement to be included on the CEO Health + Safety Leadership Network site and grant permission to be recognized as a member (company name and logo) on promotional materials
- Commit to assessing progress in accordance with the CEO H+S Leadership Network [Membership guidelines](#)

**2. Please list the top three goals of your organization with a brief (1-2 sentence max.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**3. Please list the top three strengths that you believe your organization has to offer Members of the CEO Health + Safety Leadership Network**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**4. Please identify one immediate need that you would like to focus on:**

\_\_\_\_\_

\_\_\_\_\_

**5. Please identify one long-term challenge that you would like to resolve:**

\_\_\_\_\_

\_\_\_\_\_

6. There are many ways to demonstrate your commitment to creating a culture of health and safety in your workplace (i.e. commitment statement on the website, publicly available report on health and safety performance, support of health and safety initiatives and events). Please indicate how you are currently demonstrating this, or are willing to as a result of your participation in the Network. (Please see [Membership Criteria](#) – The Journey to Safety Excellence – for examples).

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

7. How do/will you promote your organization’s health and safety culture within your own professional network?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

8. Please provide a brief CEO commitment statement that can be added to the [CEO H+S Leadership Network website membership page](#).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. We are looking for CEOs only to participate on our Steering Committee. Are you interested in learning more about this opportunity?

- Yes
- No

By signing this form, you agree to the terms of participation outlined above, and give consent to share your company name and logo, as well as the CEO commitment statement in promotional materials and on the CEO Health + Safety CEO Leadership Network website. Please see our [privacy statement here](#). CEO Health + Safety Leadership Network reserves the right to photograph its events, and from time to time we use these photos in our publications. By registering for any of our events, you understand and acknowledge that your photograph may be taken and used, per CEO Health + Safety Leadership Network discretion.

Signature of CEO (or most Senior Executive in Canada)

Date

***Thank you for taking the time to complete this form. A confirmation will be sent to you when your membership is activated. In the meantime, if you have any questions, please do not hesitate to contact us at***

***[CEOHSNetwork@WSPS.ca](mailto:CEOHSNetwork@WSPS.ca)***