



Client & Family Advisory Council Expression of Interest Form

Thank you for your interest in this volunteer opportunity to participate as a representative on Closing the Gap Healthcare's Client and Family Advisory Council.

Please complete and return this form to David Heaton, Director, Client Services no later than November 18, 2016 at David.Heaton@closingthegap.ca, or Closing the Gap Healthcare 2810 Matheson Blvd. East, Mississauga, Ontario, L4W 4X7.

Please check the box that best describes your current/previous experience in the Home and Community Care system (please check only one).

- Client receiving Home or Community Care Service
- Family/friend/caregiver

Please tell us the **region** where you (or your family member/friend) are receiving/received Home or Community Care.

Please indicate your age range.

- 18-25
- 26-39
- 40-55
- 56-64
- 65-75
- 76 +
- I prefer not to answer

Are you comfortable communicating (verbal and written word) in English?

- Yes
- No

Do you speak French?

- Yes
- No

Do you speak any other languages?

Do you have experience as a member of a committee either through paid work or as a volunteer (for example, through a school or community group)?

- Yes
- No

If you answered yes, please tell us a bit about the committee and briefly describe your role.

5. How long were you involved with this committee?

- Less than 1 year
- 1-3 years
- 3-5 years
- 5-7 years
- 7-10 years
- More than 10 years

6. Please tell us why are you interested in participating as a representative on the Client and Family Advisory Council?

7. How do you think your experience (including work, volunteer and experience in the Home and Community Care system) and skills will help you as a member of the Client and Family Advisory Council? Please feel free to share examples of your experience and/or skills.

8. Is there anything else you would like us to know about you?

9. How long could you commit to participating as a member of the Client and Family Advisory Council?

- 1 year
- 2 years
- Unsure

Please provide your contact information below:

Name:
Address:
Phone:
Email:

Thank you again for your interest in Closing the Gap Healthcare's Client and Family Advisory Council and for taking the time to complete this form. There are a limited number of positions on the Council. For those who apply but are not selected for the Council, there will be future opportunities to participate in other ways.

If you are not selected for the Council, may we contact you in the future about other patient engagement opportunities?

- No
- Yes

Should you have any questions about the selection process please contact: david.heaton@closingthegap.ca

We will respond to your application by: November 25, 2016