



EXPRESSION OF INTEREST

Please complete this form by Friday October 28, 2011, if you are interested in participating on the Interim Advisory Group

Name: _____

Title: _____

Organization: _____

Telephone Number: _____

E-mail Address: _____

Background:

- Primary Care
- Client/Consumer/Family Member
- Volunteer
- Health Service Provider (please identify sector) _____
- Health Planning
- Other (please describe) _____

Please describe your skills / experience, as it relates to hospice palliative care, by completing the following:

| Issue/Topic | Please provide your experience/ involvement in this area by listing committees, employment, research etc. that you have been engaged in. Please indicate your role and how your participation advanced the agenda. |
|---|--|
| Knowledge, expertise or experience. Please indicate if experience is academic, practical or both. | |
| Work across the continuum of care/service | |
| Planning initiatives to support health system improvement | |
| Experience in influencing/implementing change management | |
| Project management skills and experience | |
| Relevant current/past committee participation (please indicate the dates of participation) | |

Provide any other comments in support of your interest in being a member of the committee:

- Please note all applicants will be evaluated equally based on experience, involvement and knowledge.

Please submit completed Expression of Interest Form to:
Karen Weisberg
Coordinator, Central Hospice Palliative Care Transition Strategy Team
hpcn.admin@central.ccac-ont.ca