CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER

2017 Application Form for Advisory Committee: Cancer Experts, Clinicians, Health System Experts, Health Professionals and Patient/Family Representatives

To uncheck a box or button selected in error, click "Edit, Undo" or press "Ctrl + Z."

Personal Information

Family Name	**Given Name**	**Middle Initial(s)**

Title

Dr. ○ Mr. ○ Mrs. ○ Ms. ○ Prof. ○ Other ○ (Please specify):

Gender

Male ○ Female ○

Age

25-35 ○ 36-45 ○ 46-55 ○ 56+ ○

Stage of Career

Early (5 years or less) ○
Middle (6 to 20 years) ○
Advanced (more than 20 years) ○
Retired ○
Other ◉ (Please specify below)

Current employer (institution/organization) or other affiliation:

Address	**Telephone**
	ext.

Email Address

Language competency*

English: Read ☐ Write ☐ Speak ☐ Understand ☐
French: Read ☐ Write ☐ Speak ☐ Understand ☐

Other Languages (Please List below):

**The working language of the groups is English.*

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Application Details

Please check which best describes your role:

- Cancer Expert
- Clinician
- Health System Expert
- Health Professional
- Patient/Family Representative

Advisory Committee of Interest (Please list your first and second choice):	**First Choice**	**Second Choice**
Quality Advisory Committee		
Equity Advisory Committee		
Seamless Patient Experience Advisory Committee		
Maximize Data Impacts Advisory Committee		
Sustainable Systems Advisory Committee		

In which sector is your major involvement or affiliation? (select only one)

- Communications
- Education
- Public
- Public Health
- Government (Federal)
- Government (Provincial)
- Government (Municipal)
- Health-Care Delivery
- Non-governmental Organization
- Patient/Health-Care User
- Research
- Voluntary Organization
- Other (specify below)

In which additional sectors do you have significant experience? (select all that apply)

- Communications
- Education
- Public
- Public Health
- Government (Federal)
- Government (Provincial)
- Government (Municipal)
- Health-Care Delivery
- Non-governmental Organization
- Patient/Health-Care User
- Research
- Voluntary Organization
- Other (specify below)

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Expertise

List three personal strengths, areas of expertise, key characteristics, competencies or skills that relate to how you could contribute to the Advisory Committee.

Personal strengths, areas of expertise, key characteristics, competencies, skills	Supporting Details
1.	**1.**
2.	**2.**
3.	**3.**

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Use the space below to describe anything else about yourself that you would like us to know (e.g. experience lending personal patient experience as a contribution to broader discussions, past committee or board experience, and capacity to actively participate in national discussions relating to the patient journey from diagnosis through to survivorship and end-of-life care).

Optional

Would you like us to keep your information on file to be considered for future opportunities to work with the Partnership? (As an Advisory Group member or through other meaningful engagements)

Yes ◯ No ◯

Would you like to sign up for the Partnership's monthly e-bulletin?

Yes ◯ No ◯

Please email completed forms to callforapplicants@partnershipagainstcancer.ca.

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