



## Community Care Durham Client and Family Advisory Committee Expression of Interest (EOI)

Name

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Address

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Phone Number

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Email

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***The Client and Family Advisory Committee will provide feedback and recommendation to the Community Care Durham Board, CEO and staff regarding issues of importance or concern to our clients and their care partners. Information shared by committee members will aid in ensuring that the work of CCD captures the needs and issues of the clients and community served by the organization.***

**Question 1:**

**In support of your application, please describe your skills / experience in the following areas of focus:**

	<b><i>Note: If your experience/ involvement included participation in any local Advisory Committees or Councils, please indicate your role and how your participation advanced the agenda. Please also include dates of participation if possible.</i></b>
Experience evaluating existing programs and services – identifying gaps or emerging issues, making recommendation on new opportunities	
Experience providing feedback and strategic advice to support planning activities	



**Question 2:**

**In which part(s) of the health care system do you have experience? Please check off all that apply. Also, without sharing any personal health information, briefly describe your experience with those parts of the health care system and how that unique perspective would support your participation the Committee.**

- Experience with Community-based Care providers e.g. CCD, Alzheimer Society, the Home and Community Care division of the Central East LHIN – previously called CCAC, etc

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- Experience with Primary Care providers e.g. Community Health Centres, family physicians, family health teams, nurse practitioners, etc

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- Experience with Mental Health services providers e.g. Ontario Shores, Durham Mental Health Services, Canadian Mental Health Association, CCD's COPE Mental Health Support groups

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- Experience with Acute Care services providers e.g. hospitals

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- Experience with Long-Term Care Homes

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- Other (Please Describe):

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**Question 3:**

**Community Care Durham is committed to health equity and a social determinants of health focus in planning and decision-making. To facilitate this process, and if you are comfortable, please tell us if you self-identify and/or have lived experience with any of the following communities (please check off all that apply) and what unique perspective you would bring to the Committee based on that self-identification and/or lived experience:**

Black Community

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Differently Abled Community

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Francophone Community

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Indigenous Peoples

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LGBTQA+ Community

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New Immigrant Community

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Other (Please Describe):

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**Question 4:**

**Please let us know if you require any accommodation in order to participate. We are happy to discuss this with you in person. If you prefer that we contact you directly, please indicate this below, or let us know what accommodation you require.**

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**Question 5:**

**Please provide any other comments that would support your Expression of Interest for membership on the Community Care Durham Client and Family Advisory Committee. You may note your comments here or indicate that you have attached your comments.**

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**In addition to completing the above, you may also attach a current copy of your resume (if applicable) for consideration. Please submit this Expression of Interest by July 31, 2020 to:**

<b>By Email</b>	<b>By Facsimile</b>	<b>By Mail or In Person</b>
sarmstrong@communitycaredurham.on.ca	905-668-7190	Community Care Durham 20 Sunray St., Unit 1 Whitby, ON L1N 8Y3 ATTN: Shirley Armstrong

*\*We thank you for your interest and for taking the time to complete this application. All applicants will be contacted as to the status of your application.*