

**Chronic Disease Prevention and Management**  
**Advisory Team Member**

**EXPRESSION OF INTEREST FORM**

The information contained on this form will be used within the North West LHIN solely for the purpose of identifying volunteer advisory team members.

Please send completed forms to the fax number or address above or e-mail to: [northwest@lhins.on.ca](mailto:northwest@lhins.on.ca). Thank you.

**1. CONTACT INFORMATION**

Name:	
Occupation:	
Organization:	
Mailing Address:	
Phone:	
Fax:	
E-mail:	

**2. TELL US ABOUT YOURSELF**

Describe any work or volunteer experience that you think is relevant to Chronic Disease Prevention and Management, including any previous involvement in major change initiatives.

Describe any personal experience that you think is relevant to Chronic Disease Prevention and Management.

Describe your educational background including a list of any educational designations.

Tell us why you would like to be a part of the Chronic Disease Prevention and Management Advisory Team.

### 3. RELEVANT BACKGROUND INFORMATION

1. Please describe any current or previous community involvement that you consider relevant to your LHIN involvement. Please outline any leadership activities in which you have been involved.
2. Please identify any special skills or competencies that you think would be valuable to the Chronic Disease Prevention and Management Advisory Team (i.e., negotiation, analytical skills, communication, finance, etc.).

***Declaration of Interest:***

The parameters for determining conflict of interest reflect that the Advisory Team is advisory not decision-making bodies. Within the principles of openness and fairness, members will be asked to declare any perceived or potential conflicts of interest, prior to the Team engaging in related discussion. Declaration of actual or perceived Conflict of Interest does not preclude the individual from participating in the discussion.

**For further information:**

If you have any questions, or require additional information, please visit our website at [www.northwestlhins.on.ca](http://www.northwestlhins.on.ca) or call the LHIN office at 1-866-907-5446 or 1-807-684-9425 or email to [northwest@lhins.on.ca](mailto:northwest@lhins.on.ca)

**RETURN THIS APPLICATION FORM BY MONDAY APRIL 30, 2007, TO:**

**North West Local Health Integration Network  
Advisory Team Expression of Interest  
975 Alloy Drive, Suite 201  
Thunder Bay, Ontario  
P7B 5Z8**

**OR Fax to: (807) 684-9533**

**OR Email to: [northwest@lhins.on.ca](mailto:northwest@lhins.on.ca)**