



CONFIDENTIAL

APPLICATION FOR NOMINATION TO THE PERSONAL ATTENDANT CARE CLIENT ADVISORY COMMITTEE

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Cell: _____

Fax: _____ Email: _____

Please chose which best describes you:

- Client Caregiver Personal Support Worker Community Member

All applications will be held in confidence, should be marked "Confidential" and should be addressed to:

Personal Attendant Care Inc.
1650 Dundas Street East, Suite 200, Whitby, ON L1N 2K8
ATTENTION: CLIENT ADVISORY COMMITTEE

or fax to (905) 576-8020

1. Why do you want to be a member of the Client Advisory Committee?

2. What specific skills/experience would you bring to the Client Advisory Committee?

3. Do you have any prior experience in a committee reporting to the board?

4. Have you sat on a Client Advisory Committee in the past three years? If yes, please indicate where & when.

Please accept my application for nomination to the Personal Attendant Care Inc., Client Advisory Committee.

Signature: _____ Date: _____

Personal Attendant Care Inc.
1650 Dundas Street East, Suite 200, Whitby, ON L1N 2K8
Tel: 905-576-5603 Email: mail@pacdurham.ca Website: www.pacdurham.ca
ATTENTION: CLIENT ADVISORY COMMITTEE