



# 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?

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

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

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

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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](mailto:mail@pacdurham.ca) Website: [www.pacdurham.ca](http://www.pacdurham.ca)  
ATTENTION: CLIENT ADVISORY COMMITTEE