

## Health Professionals Advisory Committee Expression of Interest

Thank you for your interest in joining the Toronto Central LHIN's Health Professionals Advisory Committee. Your support, interest and time are greatly appreciated. Please complete the following overview and return to Toronto Central LHIN.

### Contact Information:

Name: \_\_\_\_\_  
Telephone Number (work): \_\_\_\_\_  
Telephone Number (home): \_\_\_\_\_  
Telephone Number (other): \_\_\_\_\_  
Email address: \_\_\_\_\_

### Neighbourhood Residency/Practice

Please indicate which of the following neighbourhood(s) you currently reside and/or practise within the Toronto Central LHIN:

- |  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| 1. West (Etobicoke/High Park)                                  | <input type="checkbox"/> reside | <input type="checkbox"/> practise |
| 2. North West (Davenport/Bloor)                                | <input type="checkbox"/> reside | <input type="checkbox"/> practise |
| 3. South West (West Downtown/Parkdale)                         | <input type="checkbox"/> reside | <input type="checkbox"/> practise |
| 4. North Central (Midtown/Leaside/North Riverdale/Forest Hill) | <input type="checkbox"/> reside | <input type="checkbox"/> practise |
| 5. South East (East Downtown/South Riverdale)                  | <input type="checkbox"/> reside | <input type="checkbox"/> practise |
| 6. East (Old East York/east End/Beach)                         | <input type="checkbox"/> reside | <input type="checkbox"/> practise |
| 7. North East (Flemingdon/Thornccliffe/Crescent Town/Oakridge) | <input type="checkbox"/> reside | <input type="checkbox"/> practise |

### Registered Profession

Please check one of the following:

I am a registered member of the following health profession(s):

\_\_\_\_\_

I work in the health sector in the following area:

\_\_\_\_\_

Other registered health profession, please specify:

\_\_\_\_\_

How many years of experience do you have in your profession? \_\_\_\_ years

## Areas of Focus

Please indicate if you have worked in any of the following areas and applicable years of experience:

- Aboriginal Health - \_\_\_\_ years
- Community Health Centres - \_\_\_\_ years
- Complex Populations - \_\_\_\_ years
- Diabetes - \_\_\_\_ years
- Emergency Room/Alternate Level of Care - \_\_\_\_ years
- Family Health Care - \_\_\_\_ years
- Frail Elderly - \_\_\_\_ years
- Francophone Health - \_\_\_\_ years
- Health Equity/Diversity (e.g. working with immigration health, LGBT, homeless, women, youth) - \_\_\_\_ years
- Health Promotion - \_\_\_\_ years
- Home Care - \_\_\_\_ years
- Intensive Case Management - \_\_\_\_ years
- Mental Health & Addictions - \_\_\_\_ years
- Other Chronic Diseases - \_\_\_\_ years
- Palliative Care - \_\_\_\_ years
  
- Other (please specify): - \_\_\_\_\_ \_\_\_\_ years

Please tell us about the relevant experience you have related to health system improvement and integration and/or professional collaboration.

Please tell us why you would like to be part of the Health Professionals Advisory Committee

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- A local health integration network shall not appoint a person as a member of a health professionals advisory committee if,
- a) the person is a member of the board or an officer of a corporation entity that represents the interests of persons who are part of the health sector and whose main purpose is advocacy for the interest of those persons;
  - b) the person receives compensation to represent the interests of a corporation or entity described in clause (a), whether or not the person is an employee of the corporation or entity;
  - c) the person is a president, vice-president, chair, vice-chair, treasurer, secretary, chief executive officer or executive director of a local, provincial, national or international trade union or performs functions for a trade union similar to those normally performed by a person holding any of those titles;
  - d) the person receives compensation to represent the interest of a trade union, except if the person is an employee of the trade union; or
  - e) the person has been the subject of a finding of professional misconduct, incompetence, or incapacity in Ontario or any other jurisdiction and the finding has not been set aside on appeal or judicial review, as the case may be

I confirm that none of the above applies to me at the present time and/or will not apply to me at the time of appointment to the Health Professionals Advisory Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

#### LHIN Contact Information

Please forward the above information and a copy of your CV to the attention of Krissa Fay at [Krissa.Fay@lhins.on.ca](mailto:Krissa.Fay@lhins.on.ca) Thank you again for your interest in the Health Professionals Advisory Committee. We look forward to contacting you shortly.