



EXPRESSION OF INTEREST FORM

Community Member Information	
Name:	
Address:	City:
Email:	Phone number:
Do you consider Scarborough Health Network to be your local hospital? Yes No	
Personal Experience	
Please provide us with information on your Indigenous status and or lineage as well as which community/nation you are a member of.	

Personal Experience (continued)

Please outline your experiences and perspectives that may contribute to the mandate of the Indigenous Advisory Circle.

Are you a member of any professional organizations or other committees?

Personal Experience (continued)

Briefly describe why you would like to be a member of the Indigenous Advisory Circle?

Additional Information

Indigenous Advisory Circle meetings may take place in the evening and are expected to rotate across the three sites of Scarborough Health Network. Are you available to attend meetings tri monthly (possibly more frequent on occasion)? First meeting expected to occur June 2024.

Yes No

Do you reside in the Scarborough area and/or have you accessed services at one of the Scarborough Health Network sites?:

Yes No

Have you worked or been asked to participate as an Elder/Knowledge keeper?

Yes No

What is your gender? (optional)

What is your age group?

Under 20
65+

20-30

31-44

45-64

What languages do you speak?

Please identify whether you require any accommodation in order to participate. If preferred we can contact you directly. Please indicate this below, or identify any required accommodation.

Thank you for your interest in participating on Scarborough Health Network’s Indigenous Advisory Circle, and completing the Expression of Interest form.

Forms may be submitted to **ehenry2@shn.ca**.

All applicants will be acknowledged. Based on our review of the expressions of interest received, a shortlist of applicants will be contacted for an interview.