

Full Name: _____
(First) (Last)

Address: _____
(Mailing Address)

(City, Province) (Postal Code)

Email address: _____

Home Phone: () -

Work Phone: () -

Cell Phone: () -

Advisory Council:

*Please indicate which council (s) you are applying for

Health Advisory Councils:

- David Thompson
- Greater Edmonton
- Lakeland Communities
- Lesser Slave Lake
- Oldman River
- Palliser Triangle
- Peace
- Prairie Mountain
- Tamarack
- True North
- Wood Buffalo
- Yellowhead East

Provincial Advisory Councils:

- Addiction & Mental Health Provincial Advisory Council
- Cancer Provincial Advisory Council
- Seniors & Continuing Care Provincial Advisory Council
- Sexual Orientation, Gender Identity & Expression

****Please review the area map on the AHS website to identify the Health Advisory Council for the area you live. Provincial Advisory Councils recruit from across the province. Should you require further clarification please contact the Community Engagement department toll free at 1-877-275-8830 or via email at: community.engagement@ahs.ca***

Please answer the following questions.

1. What interests you most about being a member of an Advisory Council?

2. What insights, experience, and perspectives do you feel you have to offer?

3. Health Advisory Council members work in an advisory role communicating community health concerns and priorities to AHS leaders. Members represent large areas with diverse demographics. Please comment on how you might be able to represent the perspectives of the public across the entire council area.

4. Provincial Advisory Council members work in an advisory role communicating concerns and priorities to AHS leaders. Members will be selected to ensure representation on the council comes from all health zones and/or diverse demographics. Please comment on how you might represent the perspectives of the public across your health zone and the demographic you feel best able to represent:

5. Please outline any experience you may have which would enable you to work successfully with other Advisory Council members in a group setting?

6. Have you previously volunteered with AHS, or one of the former health regions?

Please indicate location and
Yes position:

No

7. Are you currently employed with AHS?

Please indicate location and
Yes position:

No

8. How did you hear about recruitment for the Advisory Councils?

Facebook

Twitter

Poster

Newspaper Ad

Radio

Internet Ad

Other: _____

Word of mouth

9. We have a limited number of advisory roles available. Should you not be appointed at this time, can AHS inform you of other opportunities which may arise for public involvement?

Do you consent to the Community Engagement department retaining your contact information for this purpose?

Yes

No

Please note that Health Advisory Councils typically meet at least five times per year. Times vary among councils, from noon to late afternoon for start times. Provincial Advisory Council meetings are held four times per year (Friday evening and Saturday) alternating between Edmonton and Calgary. AHS will provide meals and accommodations and reimburse travel expenses related to meeting attendance. Council members are encouraged to attend all meetings. Teleconference connections may be able to be arranged. Video conference is used periodically.

All council members must complete a Conflict of Interest form prior to appointment. If you are appointed, the AHS *Criminal Records Check Procedure EAR-02-0*, in compliance with the *Protection for Persons in Care Act (Alberta)*, requires all volunteers to consent to a criminal records check.

Date: / /
 (dd/mm/yy)

Full Name: _____ _____

 (First) (Last)

Completed Expression of Interest forms must be received by

REPLY BY FAX OR EMAIL:

Please fax to the attention of:

Advisory Council, Community Engagement

To Fax #: 780-613-8800

OR

Please email the file or scan in your application form and send it by email.

With the Subject Line: Your Name, NAME of Advisory Council

Send the email to: community.engagement@ahs.ca

For additional copies of this form visit the Alberta Health Services website at:
<https://www.albertahealthservices.ca/about/communityrelations.aspx>

Your personal information may be collected by Alberta Health Services for the purposes of your application, pursuant to s. 33(c) of the Freedom of Information and Protection of Privacy Act (FOIPP). Your personal information may be used and disclosed by Alberta Health Services in accordance with FOIPP for the purpose for which this information is collected or compiled, or for a use consistent with that purpose.
