

**NOMINATION FORM**

**GATINEAU USERS' COMMITTEE**

|  |  |
| --- | --- |
| **SURNAME AND GIVEN NAME** |  |
| **HOME ADDRESS** |  |
| **PHONE** | **Home: Work:** |
| E-MAIL ADDRESS |  |
| 1. **REASONS FOR MY APPLICATION** | |
|  | |
| **2. SOCIAL, COMMUNITY, VOLUNTEER, ETC., IMPLICATION** | |
|  | |
| **3. PROFILE** | |
| **a) Occupation/Employer** | |
| **b) Experience** | |

**STATEMENT:**

I respect the required conditions to be a member of the Gatineau user's committee.

I declare that the above information is true and correct, and that I receive or have received services from the CISSS de l’Outaouais.

I hereby authorize the disclosure of the information contained herein as part of the election process for which I seek nomination as a candidate.

|  |  |  |
| --- | --- | --- |
| **candidate’s signature** |  | **Date** |

**Please return the form no later than Wednesday, March 12, 2018, by mail at Marjolaine Thom, Comité des usagers de Gatineau, hôpital de Hull D103, Gatineau (Québec) J8Y 1W7, by email at** [**marjolaine.thom@ssss.gouv.qc.ca**](mailto:marjolaine.thom@ssss.gouv.qc.ca)**, by phone 819 966-6200 extension 5909 or fax at 819 966-6122. On march 14th, there will be Call for nominations.**