



**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		

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 here in 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 Monday, November 16, 2022, by mail Comité des usagers de Gatineau, Centre de réadaptation La RessourSe, 135, boul. St-Raymond Gatineau (Québec) J8Y 6X7 or by email : cisso_cug@ssss.gouv.qc.ca . On November 16th, there will be Call for nominations at Cabane en bois rond, during the course of the annual meeting

Centre intégré
de santé
et de services sociaux
de l'Outaouais

Québec 



COMITÉ des
USAGERS de
GATINEAU

