

**COMMUNITY ORGANIZATION AND HEALTHY LIFESTYLE
PROFESSIONAL SUPPORT REQUEST FORM**

Local Services of the Public Health Branch of the CISSS of Outaouais

1. Information on the person responsible for the request

Name:

Address:

Phone:

Email:

Name and function of the person responsible for the request:

Date:

2. Area of intervention

HEALTHY LIFESTYLE

COMMUNITY ORGANIZATION

3. Type of organization

- Community organization
- Cooperative/social economy
- Group/collaboration/municipality
- Day care service
- School
- Working committee
- Social club/association
- Business
- Citizen
- Other (specify):

4. Age group

- Children 0-5
- Children 6-12
- Youth 13-17
- Adults 18-64
- People 65 or older
- Any population

5. Type of support and assistance requested

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Environmental analysis/knowledge <input type="checkbox"/> Awareness or information campaign <input type="checkbox"/> Collaboration/partnership <input type="checkbox"/> Creation of a resource <input type="checkbox"/> Request for CISSS representation <input type="checkbox"/> Approach and funding search <input type="checkbox"/> Strategic approach with decision makers <input type="checkbox"/> Needs study/survey <input type="checkbox"/> Event - organization <input type="checkbox"/> Event - facilitation <input type="checkbox"/> Training - organization <input type="checkbox"/> Training - facilitation | <ul style="list-style-type: none"> <input type="checkbox"/> Governance <input type="checkbox"/> Citizen engagement – organization <input type="checkbox"/> Meeting - organization <input type="checkbox"/> Meeting - facilitation <input type="checkbox"/> Advisory role <input type="checkbox"/> Other (specify): |
|--|--|

6. Background and project description

7. Expected role of the professional resource person (their mandate)

8. Duration and timeframe

Estimated duration:

- One time
- Short term (1-3 months)
- Medium term (4-12 months)
- Long term (more than 1 year)
- Other (specify):

Timeframe:

Start date:

End date (estimate):

Meeting frequency:

9. Name of the CISSS contacts with whom you have discussed your request (if applicable)

10. Comments and other clarifications

11. Please return this duly completed request via email

Attn:

Direction de santé publique – Local Services

07CISSSO.soutiencommunaute.santepublique@ssss.gouv.qc.ca

Decision:

After your application has been analyzed, a response will be sent to you as soon as possible by phone or email.