

FAMILY ADVISORY COUNCIL - MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

E-mail:

Phone Number(s):

Address:

Best way to contact you:

PLEASE TELL US ABOUT YOURSELF

What is your relationship and experience with RCC/SSCY? For example, tell us about your relationship to the child or youth who has accessed services, how long you have been coming to RCC/SSCY, what clinics/services you have accessed, and/or any other experience that is important to you.

Why are you interested in becoming a member of the RCC/SSCY Family Advisory Council? Are there any issues of special interest to you? For example, organizing presentations/workshops, social media, family networking/mentoring, transitioning from pediatric to adult care, research, other?

Do you have any skills, gifts or talents that you would bring to the Family Advisory Council? Include personal or professional experience and abilities.

We make every effort to ensure our family advisors reflect the diversity of the children and families we serve. If you wish, please share anything about yourself or your family that you think would add to the diversity of our Council.

Is there a staff member at SSCY who knows you who could provide a recommendation for you?
(Optional)



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PLEASE READ BEFORE SIGNING

All information contained on this form is considered confidential and is intended for use by the Family Advisory Council Selection Committee only. You will be contacted upon receipt of this application form to participate in an interview.

I understand that submitting this application and/or being interviewed does not guarantee a position as a Family Advisory Council member.

Please email, drop off or fax this application to:

Tessa Plett, BSW, RSW
Social Worker
Rehabilitation Centre for Children
SSCY Centre
1155 Notre Dame Avenue
Winnipeg, Manitoba R3E 3G1
Phone: 204-258-6567
Fax: 204-477-5547
Email: tplett@rccinc.ca

Signature of applicant:

Date: