Seniors Health and Wellness Strategy Advisory Network Application



Health and Wellness

Prince Edward Island Department of Health and Wellness

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Salutation:	First Name:		Last Name:	
Civic Address:				
Community:		Country:		Postal Code:
Email:			Telephone:	
If you wish, supporting documents could be included and may strengthen your application: Cover Letter Resume Reference/Letter of Support #1 Reference/Letter of Support #2				
Describe how your experie Wellness Strategy Advisor	ence, training or education y Network:	makes you well-su	ited to be part o	f the Seniors Health and
What is your sex/gender?			Male [Female Other
Are you a senior (age 65+)	?		Yes	No
Are you a near senior (age			∐ Yes	No
Are you an informal/unpaid caregiver to a senior?			∐ Yes	l No □
Do you identify as a person with a disability?			∐ Yes	∐No □ . □ .
What is your first language			English	French Other
If other, please sp				¬
Do you identify as a member of the Island's Acadian community?			∐ Yes	No □
Do you identify as an Indigenous person?			∐ Yes	No ¬
Do you identify as a newcomer to Canada? Do you identify yourself as part of another under-represented group? Yes			No	
	ify:		Yes	No
Where did you hear about the Seniors Health and Wellness Strategy Advisory Network? Facebook Twitter Social Media Internet Government Website Word-of-mouth Newspaper Other				
Date Received:				

The Province of Prince Edward Island values diversity and encourages participation of all Island residents on its various boards. Personal information on this form is collected under section 31© of the *Freedom of Information and Protection of Privacy Act* for program administration purposes. Questions regarding the collection or use of this information can be referred to the program coordinator at (902) 368-6698 or Access and Privacy Services at (902) 569-0568.