

Application Form - Election of MUHC Users' (Patients) Committee of the Establishment

THE ELECTION PRESIDENT MUST RECEIVE THIS FORM AND A LETTER OF INTENT BY E‑MAIL BY 5:00 P.M., MAY 10, 2025: ME STÉPHANIE DUFOUR: [SDUFOUR@MBAVOCATS.CA](mailto:SDUFOUR@MBAVOCATS.CA)

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| Section 1 – Applicant | | | | | |
| Last Name |  | | Applicant Type : User Representative of a user  0  0 | | |
| First Name |  | | **If representative of a user, please indicate the user’s :** | | |
| Address |  | | Last Name |  | |
| Telephone # |  | | First Name |  | |
| Date of Birth |  | | Address |  | |
| Employer & Occupation |  | | Telephone # |  | |  |
| Section II – Supporters (must be users) | | | | | |
| **First supporter** | | | **Second supporter** | | |
| First & Last Name |  | | First & Last Name |  | |
| Address |  | | Address |  | |
| Telephone |  | | Telephone |  | |
| Date of Birth |  | | Date of Birth |  | |
| Signature |  | | Signature |  | |
| Section III – Consent of candidate | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant listed above, declare that the information in this application form is true and exact, in particular that I am a user and/or representative of a user of the McGill University Health Centre (MUHC) and that I am not an employee of the MUHC, the Research Institute of the MUHC or any of its Foundations as per the criteria on the election notice. I consent to stand for election and to a background check. If approved, I authorize the Election President to publicize my application and share this information with those concerned in order to hold the election and form the next MUHC Users' (Patients) Committee of the Establishment (MUHC-UCE). If elected, I declare that I will respect the bylaws of the MUHC-UCE and the MUHC policies and procedures that apply to it.  Signature of the applicant Date (MM/DD/YY) | | | | | |
| Section IV – Identification of site(s) where the applicant is a user (site where user received services in last two years) | | | | | |
| Montreal Neurological Hospital  Montreal General Hospital  Montreal Children’s Hospital | | Royal Victoria Hospital  Montreal Chest Institute  Cedars Cancer Centre | | | Lachine Hospital |
| Section V – Summary of profile (personal / professional experience) | | | | | |
|  | | | | | |
| Section VI – Reserved for the Election President | | | | | |
| application received, date and time: | | | election status on May 21, 2025  Candidate in the running Candidate withdrew | | |
| Accepted Refused | | | candidate elected on JUNE 18, 2025 with \_\_\_\_\_ votes | | |
| Reason for refusal | | | candidate not elected | | |
| Candidate informed, Date | | | Election President’s Signature | | |