MUHC Central Users' Committee

Candidate Application Form

THE ELECTION PRESIDENT MUST RECEIVE THIS FORM AND A LETTER OF INTENT BY E-MAIL BY 5:00 P.M., SEPTEMBER 9: Me Mathilde Crépeau: [mcrepeau@mbavocats.ca](mailto:mcrepeau@mbavocats.ca)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 1 – Candidate | | | | | |
| Last Name |  | | Candidate Type : User Representative of a user  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 candidate 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. I consent to stand for election and to a background check. If approved, I authorize the Election President to publicize my candidacy and share this information with those concerned in order to hold the election and form the next MUHC Central Users' Committee. If elected, I declare that I will respect the MUHC CUC’s bylaws, including the policies and procedures of the MUHC that apply to it.  Signature of the candidate Date (MM/DD/YY) | | | | | |
| Section IV – Identification of site(s) of which the candidate is a user (site where user received services in last two years) | | | | | |
| Montreal Children's Hospital  Montreal Neurological Hospital  Montreal General Hospital | | Royal Victoria Hospital  Montreal Chest Institute  Lachine Hospital | | | Cedars Cancer Centre  Three MUHC sites |
| Section V – Summary of profile (personal / professional experience) | | | | | |
|  | | | | | |
| Section VI – Reserved for the Election President | | | | | |
| application received, date and time: | | | election status – september 26  Candidate in the running Candidate withdrew | | |
| Accepted Refused | | | candidate elected by \_\_\_\_\_ votes | | |
| Reason for refusal | | | candidate not elected | | |
| Candidate informed, Date | | | Election President’s Signature | | |