

APPLICATION FORM

Institution's Users' Committee

Applicant's details

First and last name:

Address:

City:

Postal code:

Email:

Phone:

Languages spoken: French English Other - Specify:

Current or past involvement

Check the boxes that apply. Please specify how long you were involved and add a short explanation.

<input type="checkbox"/> Residents' committee/ comité des résidents (CR)	For how long: Explanation:
<input type="checkbox"/> Users' committee/ comité des usagers (CU)	For how long: Explanation:
<input type="checkbox"/> Integrated Centre Users' Committee/Comité des usagers du centre intégré (CUCI)	For how long: Explanation:
<input type="checkbox"/> Other organizations that represent users	Specify the organization: For how long: Explanation:

Experience

Briefly describe your experience as a user, resident, close relative or informal caregiver.

User Resident Close relative Informal caregiver

Reason for applying

Describe, in a few sentences, why you want to join the CUE.

Seats available

Please check the box that corresponds to the seat you wish to apply for.

- Residential care, veterans
- Obstetrics, early childhood
- Frontline (Family medicine groups – university medicine groups, CLSC, Home support services, Outpatient clinics)
- Youth in difficulty and Youth Protection Directorate
- Mental health, addiction and homelessness
- Intellectual disability – Autism spectrum disorder – Physical disability
- Physical health (hospitals)
- Residents' committee

Grouped institutions

- Douglas Mental Health University Institute
- Grace Dart Extended Care Centre
- St. Mary's Hospital Centre

CUE applicants conflict of interest disclosure

Please use this space to disclose any potential conflicts of interest to the election committee (family ties, contractual relationship, employment ties, etc.) that could interfere with your responsibilities within the CUE.

Also indicate whether you have been removed from an Integrated Centre Users' Committee/*Comité des usagers du centre intégré* (CUCI), a users' committee/*comité des usagers* (CU) or a residents' committee/*comité des résidents* (CR) for legal reasons or other.

Consent – application information*

I consent to the information provided in this form being used and shared with voters, including my photo, name, experience and reason for applying, as part of the application process for the CUE.

Date (YYYY/MM/DD)

Signature

Signature of 2 users who support your application

User 1

I hereby support the candidacy of the applicant identified in this form.

Name:

City:

Date (YYYY/MM/DD):

User 2

I hereby support the candidacy of the applicant identified in this form.

Name:

City:

Date (YYYY/MM/DD):

Submitting the application form

Kindly provide a photo of yourself. Please note that this photo will be published as part of the election campaign's communication tools **only if your application is selected**. We ask that the photo file be named as follows: Candidature-CUE-First name-Last name.

Your completed and signed form, along with your photo, must be sent to the election chairperson (Adriana Krasteva) by **5:00 pm on February 6, 2026, at the latest**.

*Information regarding personal information

Personal information collected by the CIUSSS de l'Ouest-de-l'Île-de-Montréal is used to manage the application process for the CUE, in accordance with the Act respecting Access to Documents held by Public Bodies and the Protection of Personal Information (R.L.R.Q., c. s-2.1). It will only be used for this purpose, will only be accessible to individuals authorized to validate your application or support for the CUE, will not be disclosed to third parties without your consent, and will be destroyed in accordance with our retention standards.

Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal

Québec