

# 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.

☐ Residents' committee/  
*comité des résidents (CR)*

For how long:

Explanation:

☐ Users' committee/  
*comité des usagers (CU)*

For how long:

Explanation:

☐ Integrated Centre Users'  
Committee/*Comité des usagers  
du centre intégré (CUCI)*

For how long:

Explanation:

☐ 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.

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

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## 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