

# Hamilton Family Advisory Council Application Form

Thank you for your interest in the Hamilton Family Advisory Council! Please complete this application form and return it via e-mail to [lea.pollard@contacthamilton.ca](mailto:lea.pollard@contacthamilton.ca) no later than Friday May 12 2017.

We will confirm receipt of your application.

## Please Type or Print.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My child/youth/sibling is:     0-6 years     7-13 years     14-21 years

I have had involvement with any of the following services: occupational therapy, physiotherapy, speech and language pathology services, mental health services, developmental services, autism services, health/medical.

Yes  No                      If yes, how many:     1-2     3-4     more than 4

I want to be on the Family Advisory Council because:

\_\_\_\_\_

Please tell us about any other skills, diverse perspectives and interests that you have that you feel will be helpful to the Family Advisory Council:

\_\_\_\_\_

Do you have any accommodations we should be aware of in order for you to participate on the Council? If so, please specify: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you require assistance in filling out this form, please email Lea Pollard at [lea.pollard@contacthamilton.ca](mailto:lea.pollard@contacthamilton.ca) or call at 905-522-3304 x235.