

## Patient Representative Application Form

**Personal Details:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

**Contact Information:**

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City and province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**How did you find out about this opportunity?**☐ Canadian Cancer Trials Group website  
[www.ctg.queensu.ca](http://www.ctg.queensu.ca)☐ Canadian Cancer Society website  
[www.cancer.ca](http://www.cancer.ca)☐ Canadian Cancer Action Network (CCAN) website☐ Other Lay Representative☐ Cancer centre / oncologist☐ Other (please specify):  
\_\_\_\_\_**Please indicate your current employment status:***Check all that apply*☐ Caregiver☐ Full-time employed☐ Stay-at-home partner/ ☐ Parent/ ☐ Guardian☐ Part-time employed ☐ Retired☐ Self-employed☐ Volunteer☐ Student☐ Unemployed☐ Other (please specify):  
\_\_\_\_\_

**Having read the Patient Representatives Committee Role Description:**

**1 -Please describe below how you believe your skills and experiences would enable you to fulfil this role.**

**2 - Please also explain your interest in cancer research and your reasons for wanting to work with the particular Disease Site Committee. (500 words max)**

## References

Please provide the name and contact information of two people, and the capacity in which they know you, that you are happy for us to contact. Preferably, this is someone who has known/worked with you in the past two years and is able to comment on your ability to undertake the role:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Capacity known: \_\_\_\_\_

Capacity known: \_\_\_\_\_

Please return this form, along with your resume, to:

Nancy Dusharm  
Administrative Assistant  
Canadian Cancer Trials Group  
Queen's University  
10 Stuart Street  
Kingston, ON K7L 3N6  
Email: [ndusharm@ctg.queensu.ca](mailto:ndusharm@ctg.queensu.ca)  
Tel: 613-533-6430

If you would like any more information before making an application, please contact Nancy Dusharm.