

CCTG Patient Representative Application Form

Title: Surname: First name(s):

Contact Information:

Address line 1:

Address line 2:

City and province:

Postal code:

Telephone:

Cell:

Email:

How did you hear about this opportunity?

Canadian Cancer Trials Group website
www.ctg.queensu.ca

Canadian Cancer Society website
www.cancer.ca

Canadian Cancer Action Network (CCAN) website

CCTG Patient Representative

Cancer centre / oncologist

Other (please specify):

Please indicate your current employment status:

Caregiver

Full-time employed

Stay-at-home partner/mother/father

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 fulfill this role.

2 - Please also explain your interest in cancer research and your reasons for wanting to work with this 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 Tel: 613-533-6430

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