



## Advisory Council for Long Term Care

### What is the Advisory Council for Long Term Care?

The WRHA Advisory Council for Long Term Care is a mechanism for providing input and feedback about long term care in Winnipeg. The council is made up of individuals with lived experience in using long term care services in Winnipeg.

### Membership

- The council is made up of approximately 16 members, including residents and family members who have had personal experience using long term care services in Winnipeg.
- Council members volunteer for a two-year term and attend four to six meetings per year.

### Advisory Council role

- Members bring resident and family perspectives to issues discussed
- Members provide input and feedback with respect to the planning, implementation and improvement of long term care services

### Interested in getting involved?

If you have questions, or would like more information about the WRHA Advisory Council for Long Term Care, please contact Cristina Wiebe at 204-940-8708.

### Mail the completed application to:

Cristina Wiebe, Administrative Assistant  
Advisory Council for Long Term Care  
Winnipeg Regional Health Authority  
3401 Roblin Blvd.

Winnipeg, Manitoba R3R 0C6

Or email: [cwiebe9@wrha.mb.ca](mailto:cwiebe9@wrha.mb.ca) or fax: 204 940-8610

**Deadline for application: May 18, 2018**



## Advisory Council for Long Term Care application

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

Phone (H): \_\_\_\_\_

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

Phone (W) \_\_\_\_\_

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Phone: (C) \_\_\_\_\_

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

1. What experience do you have using long term care services in Winnipeg?

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2. What impact did this experience have on your life and/or the life of a family member?

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3. Are there any particular issues or areas related to your experience using long term care services that have influenced your interest in participating on the council?

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**Disclaimer**

**I hereby authorize the WRHA to contact the named references to ascertain my suitability as a volunteer. I hereby release the WRHA from all liability for any damages whatsoever for obtaining and using same. By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form, does not automatically register me as a volunteer. It is the policy of WRHA Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my volunteer with WRHA be maintained on the Volgistics website and absolve and release the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for WRHA purposes.**

4. Please provide the names of two people who could be contacted for a reference.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
email \_\_\_\_\_

**How did you hear about the Advisory Council for Long Term Care?**

- Community organization
- Health organization (Personal Care Home, Hospital, Community Access Centre)
- WRHA staff
- Other: \_\_\_\_\_

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

Signature: \_\_\_\_\_