

MANITOBA HEALTHY AGING COUNCIL

Application/Nomination Form



IMPORTANT: PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT FORM

STEP 1: Fill out the application/nomination form. This fillable PDF form will allow you to complete the form and save it on your computer.

STEP 2: Once you've completed and saved the form, email it and your resume (if submitting) to the Agencies, Boards and Commissions Office at agenbrdcom@gov.mb.ca.

If you prefer to mail your completed form please print it and send to:

Agencies, Boards and Commissions, Mezzanine – Z01, 155 Carlton Street, Winnipeg, Manitoba R3C 3H8
(Phone) 204 945 2959

**Applications/nominations will remain on file for two years.
After two years a new application/nomination will be required.**

Applicant Information			
First Name:		Last Name:	
Gender:		Pronouns:	
Email:		Phone Number:	
Home/Mailing Address:			
Suite No./P.O. Box:		Postal Code:	
City:		Province:	
Are you bilingual (French/English)?			Yes No
Self-Declaration for Equity Groups (Completion of this section is voluntary)			
<p>Equity Declaration</p> <p>The Manitoba government recognizes the importance of building an exemplary public service reflective of the citizens it serves, where diverse abilities, backgrounds, cultures, identities, languages and perspectives drives a high standard of service and innovation.</p> <p>The Manitoba government supports equitable employment practices and promotes representation of designated groups (women, Indigenous people, visible minorities, persons with disabilities).</p> <p>The groups listed are designated as under-represented by the Employment Equity Program of the Civil Service Commission. The Civil Service Commission Equity Policy is considered in making appointments to Agencies, Boards and Commissions.</p>		<p><i>Please select all that apply:</i></p> <p>Women</p> <p>Indigenous People (Includes Treaty Status, Non-Status, Metis and Inuit)</p> <p>Visible Minorities (Persons other than Indigenous people, who because of their race or colour, are a visible minority)</p> <p>Persons with Disabilities (Persons who have a long-term or recurring impairment)</p>	

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Required Declaration

Applicant Name	Applicant Signature	Date

Current place of employment and position and/or current volunteer / community involvement

Employment Background related to older adults and aging and/or or personal experience with caregiving, older adults / aging

Past committee experience

Area(s) of expertise

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Special Interests/Life Experiences

Additional Comments (Including disability accommodation requests)

You are available for meetings on:

Weekdays

Weekday lunch hours

Evenings

Weekends

Submitted/Nominated by	Date