

Expression of Interest for CCHOHT Working Group

Applicant Information

Full Name: _____

Preferred Name (if different): _____

Email Address: _____

Phone Number: _____

Which of the three working groups are you interested in being a tri-chair?

(Please only select one)

- Primary Care Access, Attachment and Enablement
- Integrated Clinical Priorities
- OHT Capacity Building

Which Tri-Chair role are you interested in?

(Please only select one)

- Patient, Family, Caregiver
- Primary Care Network Clinician
- Administrative Role

Sector Representation

Please indicate the sector/community you represent within the CCHOHT:

Briefly describe why you are interested in this opportunity. (500 words or less)

What experiences/Skills would you bring to this role to advance this priority? *(500 words or less)*

Are you able to provide 2-3 hours per month for this role?

Yes or No

CCHOHT Value Alignment: Please describe how you demonstrate the CCHOHT's values of Compassion, Empathy, Equity, Accountability and Transparency, Engagement, Respect and Dignity. *(500 words or less)*

Interested individuals are asked to complete the EOI form by March 9, at 5pm and send to info@cchoht.ca.

On March 11, 2026, a member of the CCHOHT Team will be in contact with you regarding the next steps.

Thank you for your interest.