

First Name, Last Name:

Address:

Email:

Telephone Number:

In which of Canada's official languages are you most comfortable:

- Member category (please specify)
- Child with lived experience
 - Youth with lived experience
 - Sibling of a child or youth with lived experience
 - Parent of a child or youth with lived experience
 - Grandparent of a child or youth with lived experience
 - Caregiver of a child or youth with lived experience
 - Other: _____

- Please tell us about your experience (select all that apply)
- Member of the Indigenous community
 - Member of the Francophone community
 - Familiar with child and youth mental health, addictions, and substance use health services
 - Familiar with services for medically complex children and youth
 - Familiar with child and youth home care services
 - Familiar with child and youth palliative care services
 - Other: _____

If you would like, please share any other information about your healthcare experience.

Briefly describe why you are interested in being a Child, Youth, Family, and Caregiver Partner and any additional skills you may bring to the working group.