



If making application in person/by mail or fax please direct applications to:

Northern Health Region  
c/o Keely Steele  
Community Engagement Coordinator  
Northern Health Region  
163 Edwards Avenue, Box 240  
The Pas, MB, R9A 1K4  
Tel: (204) 627-6803  
Fax: (204) 627-6805

*Healthy People, Healthy North*

## LOCAL HEALTH IMPROVEMENT GROUP APPLICATION FORM

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

Mailing address: \_\_\_\_\_

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

Phone numbers:

Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

I prefer to be contacted by:

Home phone \_\_\_\_ Work phone \_\_\_\_ Cell phone \_\_\_\_ Email \_\_\_\_

What community do you belong to? (Example: Gillam) \_\_\_\_\_

How long have you lived in that community? \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_\_

Age category:

Under 18 \_\_\_\_ 18-24 \_\_\_\_ 25-39 \_\_\_\_ 40-54 \_\_\_\_ 55-70 \_\_\_\_ 71+ \_\_\_\_

What languages do you speak? English \_\_\_\_ French \_\_\_\_ Other \_\_\_\_

For other, please list: \_\_\_\_\_

Diversity is important to us. Are you a member of either of these groups?

Indigenous \_\_\_\_ Visible minority \_\_\_\_ Person with a disability \_\_\_\_

What is your primary employment status?

Full time job \_\_\_ Part time job \_\_\_ Retired \_\_\_ Family caregiver \_\_\_ Student \_\_\_

Please describe your work experience? (paid, unpaid or volunteer)

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Tell us about why you want to join a LHIG?

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Are there any particular health system topics you would like to see discussed by the LHIG?

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Tell us about any groups or team projects you have been a part of?

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How did you hear about the LHIGs?

Newspaper \_\_\_ Radio \_\_\_ Manitoba.ca \_\_\_ Brochure \_\_\_ Word of mouth \_\_\_

Northernhealthregion.ca \_\_\_ Other (explain) \_\_\_\_\_