

MICs Group of Health Services

Matheson - Iroquois Falls - Cochrane

South Centennial Manor Project Advisory Committee Application Form

I provide the following information with respect to my application for membership on the SCM Project Advisory committee.

Name:	_(first)	(last)
Address:		
Primary Phone:		Email Address:

The SCM Project Advisory Committee will provide advice and insight to the Project Manager and MICs CEO re the SCM Project in view of its completion in a timely and efficient manner within the designated budget. The quality of life of the present and future residents of South Centennial Manor will always be at the forefront when recommendations are determined.

Roles and Responsibilities

- (i) Review plans based on functionality, best practice, safety of staff and residents, infection control, resident centred, etc., and offer advice and recommendations.
- (ii) Seek input/gather information from all stakeholders using the most appropriate means (face-to-face, questionnaires, site visits, etc.) Establish subgroups when necessary.
- (iii) Review and summarize pertinent information received and report to the CEO and MICS Board through the Project Manager.
- (iv) Actively participate in meetings through attendance, discussion, and review of minutes and pertinent documents.
- (v) Support open discussion and debate and encourage fellow members to voice their insights.
- (vi) Serve as a liaison with the stakeholders and community members to ensure that all voices are heard.
- (vii) Be an advocate for the project and act on opportunities to communicate positively about the project.

Knowledge, Skills, Experience

- Community members will be selected based on:
 - a. Knowledge, expertise, experiences with Long-Term Care
 - b. Ability to represent the interest of stakeholders
 - c. Ability and motivation to foster strong public participation and support the project to its completion.

 Those w 	vho have the following competencies are encouraged to apply:
a.	Familiarity with LTC and Multiple stakeholder perspectives
b.	Communication and public networking skills
C.	Teamwork and problem-solving skills
• Please	list your relevant skills, experience and interests (attach an additional page if you wish).
Declaration	
_	this application, I declare the following:
	o the best of my knowledge the above information is true and correct that I understand the ents expected of me.
Signature:	Date:

Please email the completed application to <u>Tiffany.Smith@micsgroup.com</u> or drop it off at your local hospital reception to the attention of Tiffany Smith, MICs Executive Assistant.