

Appointment to the 2018 Toronto Urban Health Fund Review Panel

**Application deadline: Tuesday, December 5th, 2017**

| Applications must be completed in full (print or type) and received in the office of:Toronto Public HealthToronto Urban Health FundAttn: Sarah Harvey51 Lisgar StreetToronto, OntarioM6J 0B9Or sent by email to: tuhf@toronto.ca |
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| **1. Contact Information** |  |
| --- | --- |
| First Name Click here to enter text. | Last Name Click here to enter text. |
| Phone number Click here to enter text. | Email Click here to enter text. |

Table : Contact Information

| **2. Area of expertise** |
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| HIV Prevention Harm Reduction Children and Youth Resiliency |
| Epidemiology Evaluation |

Table : Area of Expertise

| **3. Eligibility** |
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| To be a member of the Toronto Urban Health Fund Review Panel, you must be a resident or employed by an organization located within the City of Toronto, be 18 years of age or older, and must not be an employee of the City of Toronto or any of its Agencies, Boards, or Commissions. |
| Are you a resident of the City of Toronto?  Yes No |
| Are you employed by an organization located within the City of Toronto? Yes No |
| Are you an employee of the City of Toronto or any of its Agencies, Boards or Commission? Yes No |
| Are you 18 years of age or older? Yes No |

Table 3: Eligibility

Personal information on this form is collected under the authority of the Health Protection and Promotion Act [H.P.P.A] and the reports regulation of the H.P.P.A.  The information is used to determine membership to serve on the Toronto Urban Health Fund Review Panel. Questions about collection of this information can be directed to the Supervisor, Toronto Public Health, Toronto Urban Health Fund, 51 Lisgar Street, Toronto, ON M6J 0B9 or by telephone at 416-338-7946.

| **4. Qualifications** |
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| Please describe your experience in any of the following areas, or any other related skills or qualifications you would bring to the TUHF Review Panel.  Related professional experiences could include: Health Promotion, Community Capacity Building, Organization Development, Funding, Board Development, Community Development, Community Based Research, Evaluation, Program Development  Click here to enter text. |
| If you are serving or have previously served on an agency, board, committee, work group, etc., please provide details of that experience, including the name and mandate of the group, your role and years of service.  Click here to enter text. |
| Please describe how your appointment would benefit the Toronto Urban Health Fund.  Click here to enter text. |

Table 4: Qualifications

| 5. Meeting Availability |  |
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| *(Reviewers will also spend approximately 10 hours outside of meetings reviewing proposals independently.)* | Please indicate your availability for each of the scheduled Review Panel meetings. |
| Tuesday, March 20, 2018  **(ORIENTATION MEETING)**  9:30am to 4:30 pm , City Hall | Yes No |
| Wednesday, April 18, 2018  **(REVIEW MEETING 1)**  9:30am to 4:30 pm , City Hall | Yes No |
| Monday, April 23, 2018  **(REVIEW MEETING 2)**  9:30am to 4:30 pm , City Hall | Yes No |
| Friday, April 27, 2018  **(REVIEW MEETING 3)**  9:30am to 4:30 pm , City Hall | Yes No |
| Monday, May 28, 2018  **(APPEAL MEETING)**  9:30am to 4:30 pm , City Hall | Yes No |

Table 5: Meeting Availability

| **6. Additional Information** |
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| In the interest of efficiently circulating information and review of electronic documents, access to a personal computer, laptop and ability to use email is an asset. |
| Do you have access to a personal computer? Yes No |
| Do you have access to email (i.e.: from public library, home or elsewhere)? Yes No |
| The Review Panel strives to achieve geographic representation from the City’s four Community Council areas.  Please indicate the Ward in which you live in the space provided.  Etobicoke York Community Council, includes Wards: 1, 2, 3, 4, 5, 6, 7, 11, 12, 13 & 17  North York Community Council, includes Wards: 8, 9, 10, 15, 16, 23, 24, 25, 26, 33 & 34  Scarborough Community Council, includes Wards: 35, 36, 37, 38, 39, 40, 41, 42, 43 & 44  Toronto & East York Community Council, includes Wards: 14, 18, 19, 20, 21, 22, 27, 28, 29, 30, 31 & 32 |

Table 6: Additional Information

| **7. Resume or Curriculum Vitae** |
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| We recommend attaching a short resume, CV or relevant experience or other skills summary. |
| Did you attach a short resume, CV or relevant experience or other skills summary? Yes No |

Table 7: Resume of CV

| 8. Diversity Information |
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| Voluntary and Confidential Completing the following information is encouraged. |
| Residents of the City of Toronto are best served by advisory groups that reflect the diversity of our community. The information gathered in this survey will be used for the purpose of enabling the City to achieve its objectives for access, equity and diversity. Applicants are encouraged to self-identify. The information will not be released for any other purpose without the permission of the persons from whom the information is collected. |
| * 1. What is your gender? Click here to enter text. |
| * 1. Aboriginal Peoples   A person is Aboriginal if they are a member of the First Nations, Inuit or Métis peoples of Canada. Based on this description, do you consider yourself to be an Aboriginal person?  Yes No |
| * 1. Ethnic group   Which of the following best describes your racial or ethnic group? (Check one only)  Asian – East (e.g., Chinese, Japanese, Korean)  Asian – South (e.g., Indian, Pakistani, Sri Lankan)  Asian – South East (e.g., Malaysian, Filipino, Vietnamese)  Black – African (e.g., Ghanaian, Kenyan, Somali)  Black – Caribbean (e.g., Barbadian, Jamaican)  Black – North American (e.g., Canadian, American)  First Nations  Indian – Caribbean (e.g., Guyanese with origins in India)  Indigenous/Aboriginal not included elsewhere  Inuit  Métis  Latin American (e.g., Argentinean, Chilean, Salvadorian)  Middle Eastern (e.g., Egyptian, Iranian, Lebanese)  White – European (e.g., English, Italian, Portuguese, Russian)  White – North American (e.g., Canadian, American)  Mixed Heritage (e.g., Black-African and White-North American (Please specify)  Do not know  Other (Please specify) Click here to enter text. |
| * 1. What is your age?   18 - 24  25 - 34  35 - 44  45 - 54  65 and over |
| * 1. Disabilities   Do you have any of the following disabilities? (Check all that apply)  No disabilities  Chronic illness  Developmental disability  Drug or alcohol dependence  Learning disability  Mental illness  Physical disability  Sensory disability (i.e. hearing or vision loss)  Other (Please specify) Click here to enter text.  Do not know |
| * 1. What is your sexual orientation? Click here to enter text. |
| * 1. Additional Diversity Information   Persons with lived experience of HIV/AIDS and/or substance use are encouraged to self-identify. You are welcome to provide any additional diversity information not captured by the questions above (e.g., ethno-cultural, faith, linguistic) that you feel is relevant to this application.  Click here to enter text. |

Table 8: Diversity Information

| **9. How did you hear about the Toronto Urban Health Fun Review Panel appointments? (Check all that apply)** | Web posting (please specify) Click here to enter text.  Social media  Work email  Personal email  TPH website  City of Toronto website  Newsletter  Notice from organization  Colleague  Friend  Network or coalition  TPH staff  City of Toronto staff  Other (please specify) Click here to enter text. |
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Table 9: Referral Source

| **10. Signature** |
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| I hereby certify that the information contained in the application form is accurate. |
| Signature |
| Date (yyyy-mm-dd) |

Table 0: Signature