

Office of the Seniors Advocate Council of Advisers

Application Form

The Council of Advisors provides the Office of the Seniors Advocate (OSA) with advice and feedback on issues facing seniors who live in British Columbia. Please read the Council of Advisors description on the OSA website (www.seniorsadvocatebc.ca) and provide your information to be considered as an advisor.

The application period closes April 30th, 2018. You may be contacted to clarify items in your application. Submit your application by email to info@seniorsadvocatebc.ca, or by faxing it to 250-952-2970.

It is anticipated that members will be notified by May 15th, 2018. For further information, please see the Seniors Advocate website or call 1-877-952-3181.

Name		
Phone number(s)		
Email address		
Street address		
City		
Local health authority (Fraser, Interior, Island, Vancouver Coastal, or Northern)		
We are looking for a cross-section of views and perspectives on seniors' issues in B.C. Please assist us by indicating whether you:		
Are able to travel to the Vancouver area for two day-long meetings per year (expenses paid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have access to a computer and can use the internet, email and MS Word (or can with assistance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are age 65 or older, or are the caregiver of a non-communicative senior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are speaking for a senior whose first language is not English	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Live in residential care, or are speaking for a senior who lives in residential care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are not an employee of, or have a financial interest in, any seniors' service company or service provider (this information may indicate a potential conflict of interest)	<input type="checkbox"/> I am not	<input type="checkbox"/> I am an employee of, and/or have a financial interest in, a seniors' service company or provider
Are a senior who has a valid B.C. driver's licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Membership Application Form

Receive home support services (or other home care services)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive a disability benefit, or have in the past	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate your living situation:

- Live alone
 Live with a spouse or family member
 Live with parent(s) or relative(s) as their caregiver

Please indicate your age:

- Under 65
 65-69
 70-74
 75-79
 80-84
 85-89
 90-94
 95+

In 250 words or less, please tell us why you would like to join the Office of the Seniors Advocate's council of advisers, and describe the perspective you will bring to the council.