

**EXPRESSION OF INTEREST
FOR
APPOINTMENT TO A COTBC COMMITTEE**



NAME:

DATE:

PREFERRED CONTACT INFORMATION (email; home address; work address)

Email:

Address:

Telephone:

OCCUPATIONAL THERAPY BACKGROUND & EXPERIENCE (Last Five Years or so)

BOARD, COMMITTEE OR TASK GROUP EXPERIENCE [Past and Current)

OTHER RELEVANT EXPERIENCE

AREAS OF INTEREST & COMMITTEE(S) OF INTEREST

Signature