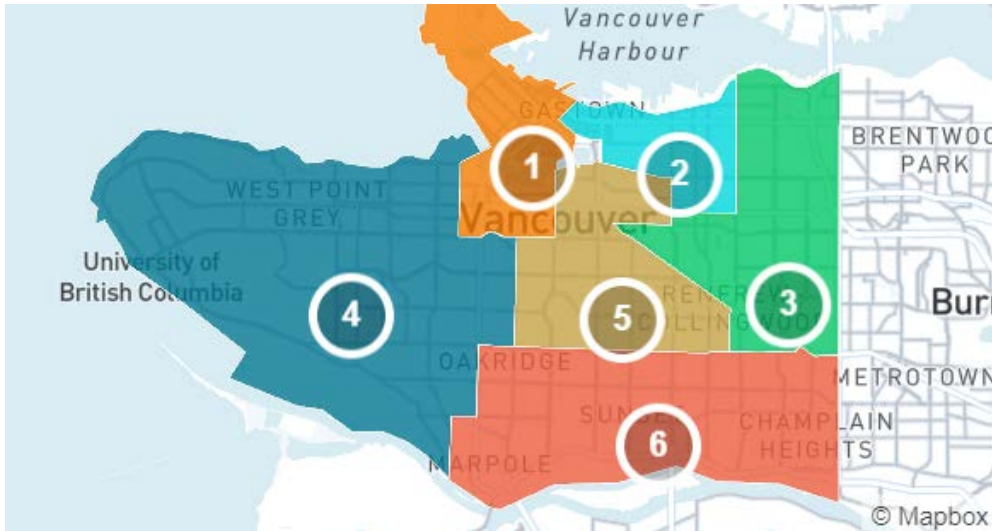


Statement of Interest in Long Term Care

First name	
Last name	
Email	
Phone #	
Fax #	
Languages you are able to practice in:	

Date:

Where would you be interested in working?



Check all that apply:

- CHA 1 - City Centre
- CHA 2 - Downtown Eastside
- CHA 3 - Northeast
- CHA 4 - Westside
- CHA 5 - Midtown
- CHA 6 - South

Which times would work for you to do rounds at your care home?

In general, physicians spend 1-3 hours at a care home every 1-2 weeks depending on their panel size

Check all that apply:

Monday		Tuesday		Wednesday		Thursday		Friday	
	AM		AM		AM		AM		AM
	PM		PM		PM		PM		PM

Statement of Interest in Long Term Care

Do you have a background in long term care?

Yes

No

If yes, please elaborate:

Do you have any areas of special interest/additional training that would be relevant to working in long term care?

Are you interested in being paired with a long term care mentor?

Yes

No

Is there any other information you would like to share with us?

Vancouver Long Term Care Team
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Email: LTC@vancouverdivision.com