

Vancouver Long Term Care Team

Phone: 604-569-2010 Fax: 604-398-8422

Email: LTC@vancouverdivision.com

## **Statement of Interest in Long Term Care Locums**

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

For what period will you be available for locum from/to?

## Which times would work for you to do rounds at your locum 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



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Do you have a background in long term care?  If yes, please elaborate:	Yes	No
Do you have any areas of special interest/additional training that would be re in long term care?	elevant to	working
Are you interested in being paired with a long term care mentor?	Yes	No
Some of our care homes are owned and operated by Vancouver Coastal Healt who work in these care homes are required to hold VCH credentials and privil		oners
Do you currently hold VCH credentials and privileges?	Yes	No
If no, would you be willing to go through the VCH credentialing and privileging process to work at a care home that is owned and operated by VCH?	Yes	No
Is there any other information you would like to share with us?		