



TREATY 8 FIRST NATIONS OF ALBERTA HEALTH CO-MANAGEMENT REPRESENTATIVE BIOGRAPHY

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|---|--|
| First & Last Name: | |
| Address: | |
| First Nation: | |
| Title of Employment: | |
| Your Supervisor: | |
| Email: | |
| Telephone #: | |
| Work Cell #: | |
| Applying for Subcommittee: | |
| Please briefly list expertise, credentials, experience and knowledge relevant to the subcommittee you are applying for: {Box will expand below as you type.} | |
| | |
| DATE: | |
| | |
| Office Use Only: | |
| Appointed to Health Co-Management _____ | |
| Subcommittee as per Motion _____ from the Treaty 8 First Nations of Alberta Executive Board. | |