



**Canadian Consortium on Neurodegeneration in Aging
(CCNA) Engagement of People with Lived Experience of
Dementia (EPLED) Advisory Group**

Application Form 2.0

Part 1: Your information

What is your first and last name?

How would you like to be addressed
(e.g., pronouns)?

What city and province do you live in?

What is your email address?

What is your telephone number?

What is the best way to reach you?

Email

Telephone

Do you have access to a computer?

Yes

No

Are you comfortable speaking and reading in English?

Yes

No

Note: We encourage bilingual applicants, but the work of the Advisory Group will be conducted in English.

Part 2: Your lived experience of dementia

How would you describe your lived experience of dementia? This experience could be current or in the past [check all that apply].

- I am a person living with dementia
- I am/was a friend or family member of a person living with dementia
- I am/was a caregiver of a person living with dementia
- Other, please specify: _____

What else would you like to tell us about your lived experience of dementia and the perspectives you would bring to the work of the Advisory Group?

Part 3: What else can you tell us about yourself?

What should we know about you *apart from* your lived experience of dementia; this might include a little about who you are and where you come from as well as your relevant work or volunteer experience, skills, expertise and interests.

We are seeking people with diverse perspectives for the Advisory Group. Are there other perspectives you would be willing to bring to the Advisory Group in addition to your lived experience of dementia (for example, young carer, LGBTQ, racialized perspective, Indigenous background, etc.)?

Part 4: The work of the Advisory Group

What do you hope to get out of the experience of participating in the Advisory Group?

Are you available for three phone or internet meetings and one in-person meeting (in Canada) per year? Note: we will assist you with technical details related to phone and internet meetings and travel expenses will be reimbursed.

Yes No

If no, can you suggest other ways you could be involved?

If yes, what day of the week and times of day are you available for meetings? [check all that apply]

Day of the week	Time of day		
Monday	<input type="checkbox"/> Morning only	<input type="checkbox"/> Afternoon only	<input type="checkbox"/> Morning or afternoon
Tuesday	<input type="checkbox"/> Morning only	<input type="checkbox"/> Afternoon only	<input type="checkbox"/> Morning or afternoon
Wednesday	<input type="checkbox"/> Morning only	<input type="checkbox"/> Afternoon only	<input type="checkbox"/> Morning or afternoon
Thursday	<input type="checkbox"/> Morning only	<input type="checkbox"/> Afternoon only	<input type="checkbox"/> Morning or afternoon
Friday	<input type="checkbox"/> Morning only	<input type="checkbox"/> Afternoon only	<input type="checkbox"/> Morning or afternoon

Part 5: Your questions about the Advisory Group

Do you have any questions you would like to discuss before you would agree to take part in the Advisory Group?

Thank you for your interest in the Advisory Group!

Please complete and return this form to:

Jennifer Bethell
Affiliate Scientist
Toronto Rehabilitation Institute – University Health Network
Bickle Centre - RESEARCH
130 Dunn Ave
Toronto, ON M6K 2R8
Email: jennifer.bethell@uhn.ca

If you have any questions about the Advisory Group, please contact Ellen Snowball at ellen.snowball@uhn.ca.

Date: _____