



Visiting Consultant Expression of Interest Form

Demographics

Name: _____

Address: _____

Phone# _____ Fax # _____

Email: _____

Consultation Specifics

Brief Description of Consultations Offered

Frequency of Visiting Consultations

Space Requirements (please describe the physical space required)

Resource Requirements (please describe IF any of the below resources would be required to be provided by HHHS or HHFHT)

Equipment

Clerical support _____

Nursing _____

Other _____

Thank you for your interest in offering consultation services in our community. Please submit this form along with your CV to Marlene Vieira at mvieira@hhhs.on.ca or by fax to: Attention Marlene Vieira at 705-457-1071.