
CALL FOR EXPRESSIONS OF INTEREST: PCMCH CHILD AND YOUTH COMMITTEE - Individual with Lived/Living Experience

Thank you for your interest in joining PCMCH's Child and Youth Committee (CYC). Please complete the PDF expression of interest (EOI) application by **9:00 a.m. on Friday, February 20, 2026**. As part of this process, you may choose to upload your resume (optional). Completed application forms and (optional) resumes should be emailed to the attention of Allison Hall at info@pcmch.on.ca by the deadline above.

Shortlisted applicants may be asked to participate in an interview by phone or Zoom.

If you have any questions about the CYC or this call for Expressions of Interest, please contact Lisa Osqui, Senior Program Manager, at lisa.osqui@pcmch.on.ca.

The personal information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act and will be used for the purposes of matching you with opportunities on PCMCH's Governing Council and/or one of its committees. PCMCH is committed to providing appropriate protection for your personal data.

PCMCH is committed to advancing equity, diversity and inclusion in Ontario's perinatal and child health system. This includes ensuring that those who are involved in our work reflect the diversity and needs of Ontarians. We welcome individuals from all backgrounds to consider applying.

About PCMCH

Established in 2008, PCMCH is a provincial organization that provides evidence-based and strategic leadership for perinatal, newborn, child and youth health services in Ontario. PCMCH is funded by the Government of Ontario.

Name:

City/Town:

Phone:

Email:

Please indicate whether you are applying as a:

Person aged 16-22 with experience within the last 5 years in Ontario's paediatric healthcare system

Parent or caregiver of a child or youth with experience in Ontario's paediatric healthcare system

Optional Sociodemographic Questions

PCMCH is committed to diversity, equity and inclusion practices in all its work. The following sociodemographic questions help ensure that committee membership is reflective of Ontario's diversity. All responses will be kept confidential and treated with sensitivity and respect.

Please describe your gender identity.

Please describe your Indigenous, racial, cultural and/or ethnic identity.

If there are any other aspects of your identity that would increase diversity on CYC that you would like to share, please identify them here.

Experience and Interest Questions

1. Why are you interested in being a member of the Child and Youth Committee?
2. Do you have experience serving as an individual with lived/living experience (also referred to as patient and family advisor) for a health-related or other kind of organization or group? If yes, please list all the organizations or groups you were a part of and the type of work you did. Previous experience is not a requirement for being considered for this Committee.
3. If you are comfortable, please share some examples of how you think your experience(s) in the healthcare system and/or skills would contribute to the work the Committee will be doing.
4. Is there anything else you would like to share about yourself related to this application?

