



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](mailto:mvieira@hhhs.on.ca) or by fax to: Attention Marlene Vieira at 705-457-1071.