**Expression of Interest to Become a CAN Collaborator**

**Organization Information:**

|  |  |
| --- | --- |
| **Date of Application:** |  |
| **Organization:** |  |
| **Website:** |  |
| **Region of Canada (organization primary location):** |  |
| **Professional Presence (include organization LinkedIn, social media or website if applicable):** |  |

**Which sector(s) does your organization represent (select all that apply):**

Agriculture

Government - Provincial

Government – Federal

Construction and Mining

Crown Corporation

Education – Elementary

Education – Secondary

Education – Post-Secondary

Finance, Insurance and Real Estate

Manufacturing

Not-For-Profit / NGO

Services

Trades

Transportation / Other Public Utilities

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Interest within CAN:**

**CAN focuses its priorities in five domain areas. Which of these areas is your organization most interested in being engaged and/or ready to take action in (select all that apply)?**

Community Engagement  Education and Training

Employment  Policy

Research, Innovation and Design  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give us a brief summary as to why would your organization like to become a CAN Collaborator?**

**Organization Representative Information:**

Please identify the name of the person that is completing this Expression of Interest on behalf of the organization.

|  |  |
| --- | --- |
| **Representative Name:** |  |
| **Title/Role:** |  |
| **Region of Canada (location of individual):** |  |
| **Email:** |  |
| **Preferred Phone:** |  |
| **Professional Presence (include LinkedIn, social media, website if applicable):** |  |

Will the representative above be appointed as the organization’s official representative on the Advisory Council?  Yes  No  To be determined

If no, please identify the name of the official representative on the Advisory Council and complete the information below. If this is still to be determined, please leave the information below blank for now.

|  |  |
| --- | --- |
| **Representative Name:** |  |
| **Title/Role:** |  |
| **Region of Canada (location of individual):** |  |
| **Email:** |  |
| **Preferred Phone:** |  |
| **Professional Presence (include LinkedIn, social media, website if applicable):** |  |

**Please check the sector(s) in which the official representative for the Advisory Council has worked or is currently working:**

Agriculture

Government - Provincial

Government – Federal

Construction and Mining

Crown Corporation

Education – Elementary

Education – Secondary

Education – Post-Secondary

Finance, Insurance and Real Estate

Manufacturing

Not-For-Profit / NGO

Services

Trades

Transportation / Other Public Utilities

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your functional ability in both official languages:**

English (speaking)  English (writing)  French (speaking)  French (writing)

**Self-Identification (optional):**

This question is voluntary. The information will be used in an aggregate and non-identifiable format in order to assess our ability to recruit individuals from diverse backgrounds.

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| * Does the representative identify as Indigenous - that is, First Nations (North American Indian), Métis, or Inuit? | Yes  No |
| * Does the representative identify as having lived experience of disability? | Yes  No |
| * Does you identify as a member of a visible minority in Canada? | Yes  No |
| * Please identify the pronoun that you wish to be addressed by (e.g. he, she, they) |  |

|  |  |
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| Do you require any accommodations? |  |
| Do you have any dietary requirements? |  |

**Understanding of Commitment to Become a CAN Collaborator**

* I understand that by submitting this Expression of Interest to become a CAN Collaborator, and upon its approval, our organization <insert name here> \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is accepting the opportunity to collaborate and engage with the Network, and its collective community, as a member of the Advisory Council.
* I understand that the role of our designated representative on the Advisory Council is to take part in the national conversation during each of the formally scheduled meetings which take place a minimum of three times per year for approximately two hours at each meeting. Any obligation to engage outside of these formally scheduled meetings is optional but encouraged.
* I understand that our organization, and the designated representative, will be identified as a CAN Collaborator on the CAN website (<http://carleton.ca/read/CAN>) and as such, will be asked to provide access to our organizations official business logo. In addition, our organization and/or the official representative could be featured in highlights of CAN activities, research and/or social media, pending permission in advance to do so.
* By submitting this application, we agree that our organization is committed to advancing accessibility for people with disabilities and acknowledge that we are ready to and/or are actively pursuing equity, diversity and inclusion in our business practices.
* I understand that this is a non-binding agreement, and our organization can withdraw as a CAN Collaborator by providing written notification to the CAN National Office at [can@carleton.ca](mailto:can@carleton.ca), at least 30 days in advance of termination, to allow for appropriate time to finalize any outstanding collaborations.
* I understand that CAN is subject to the policies of Carleton University, and the laws applicable to universities in Ontario, including the *Freedom of Information and Protection of Privacy Act*, which may, in some cases, require the University to disclose information shared by a CAN Collaborator with CAN.

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|  |  |  |
| Date |  | Signature |

Please submit this *Expression of Interest to Become a CAN Collaborator* to the CAN National Office at [can@carleton.ca](mailto:can@carleton.ca) to the attention of the CAN Corporate Secretary.

**For Internal Purposes Only**

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| --- | --- | --- |
| Initial Consult with National Office Completed: | Yes  No | Date: |
| Submitted to Governing Council for Approval: | Yes  No | Date: |
| Status of Expression of Interest: | Approved as a Collaborator  Not Approved | |