



THE CORPORATION OF THE UNITED TOWNSHIPS OF
HEAD, CLARA & MARIA
15 Township Hall Road
STONECLIFFE, ONTARIO, K0J 2K0

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REQUEST FOR DEPUTATION

Person Requesting a Deputation: [Dick Rabishaw \(Board Chair\)](#) and [Dr. Janet Gow \(Past Chair\)](#)

Organization (if applicable): [Deep River and District Hospital, Four Seasons Lodge, North Renfrew Family Health Team](#)

Contact Information: Tel # [613-584-3333 x 7100](#) Email amy.joyce@drdh.org

Meeting Date Requested: [February 20, 2020](#)

Subject Matter: (1) [Physician recruitment](#), (2) [Long-Term Care expansion application](#), (3) [Non-urgent patient transfers](#)

Brief Description of Purpose of Deputation: (1) [Physician recruitment and retention in North Renfrew, and the financial contributions made by surrounding municipalities towards these efforts.](#) (2) [The organization's application for expansion in Long-Term Care.](#) (3) [Changes made by the County of Renfrew Paramedic Service in relation to non-urgent patient transfers, including the impact on patients and proposed solutions moving forward.](#)

Have you been in contact with a member of staff with regard to this matter?

Yes No

If Yes, provide name: [Debbie Grills](#)

I will have a presentation

For Handout at Meeting * Yes No

PowerPoint ** Yes No

(I will require use of a _____ computer, _____ projector, and _____ screen.)

* Handouts require six (6) copies to be provided to the Clerk **prior** to the meeting.

** PowerPoint is to be e-mailed to the Clerk's Office no later than 12:00 Noon on the Friday **prior** to the meeting. Any speaking notes should be provided to Council for its record.

Personal information on this form is collected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and becomes part of the public record. Questions with respect to the collection and use of this information should be directed to the Clerk's Office at 613-586-2526 or crystal@headclaramaria.ca.