**Transformation Program - Expression of Interest for TMO Resources**

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| --- | --- |
| **Name**: | **Employer:** |
| **Role**: | **Department:** |
| **Phone (day time)**: | **Direct Supervisor:** |
| **Email**: | |
| **Why are you interested in working with the MHSAL Transformation Program?** | |
| **Key skills (bullet form)**: | |
| **Key areas of knowledge (bullet form):** | |

Submit along with your resume to:

[healthtransformation@gov.mb.ca](mailto:healthtransformation@gov.mb.ca) by April 27, 2018 with “Expression of Interest” in the subject line.