**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 by April 27, 2018 with “Expression of Interest” in the subject line.