



After this form is filled, please send it to:

OROT.CCOMTL@ssss.gouv.qc.ca

EXPRESSION OF INTEREST FORM – EMPLOYEE

Employee Name

Date

DD / MM / YYYY

Contact

EMAIL

PHONE

Brief description of your need and your innovation idea
(maximum 300 words and if necessary, attach any other relevant document)

Contact Person

FIRST NAME / LAST NAME / TITLE

Profession & Department

Website

For CIUSSS CCO (do not complete)

Name of project manager

Clinical internal project lead, researchers, or other individuals of CIUSSS CCO

Yes, please clarify
No interest
No internal project lead

Short summary, other comments, and relevant information

Next steps