Citizen Cancer Consultation Application

Citizen Information:

Name:_____

Phone number:_____ Email:_____

Birthdate:_____

Are you a registered MN-S citizen?

◯ Yes ◯ No

Citizenship Number:_____

Are you:

◯ A cancer survivor ◯ Living with cancer

I consent to sharing my name and contact information with MN-S project consultants for a consultation.

◯ Yes ◯ No

Signature:_____

How would you prefer to take part in the consultation?

◯ In-person (where possible) ◯ Phone ◯ Virtual

The consultation will consist of a conversation with our project consultant. We will discuss your lived experience with cancer and focus on your experiences and preferences. We would like to gain knowledge that provides helpful, culturally grounded support for a future peer support initiatives.