

Children, Seniors and Social Development

Customer Service Standard Development Committee Application

Please contact the Disability Policy Office at disabilitypolicy@gov.nl.ca for alternate format of this application.

1. Please fill in your information about you:

Name:

Email:

Phone:

Community:

1. Do you identify as having a disability(s) with experience receiving and/or delivering customer service?
* Yes
* No
1. Do you identify as being a part of organization or public body who will be impacted by this standard? If yes, please name your organization or public body. If your answer is no, go to the next question.
* Yes – Specify Name of organization:
* No
1. Do you identify as being part of government that has responsibilities that relate to customer service standards? If yes, please name your government department, agency, board, or commission (ABC). If your answer is no, please go to the next question.
* Yes - Specify Name of Department or ABC:
* No

1. Provide brief description of your technical skills related to customer service:
2. Why do you think your skills and experiences would benefit this committee?