



Legislative Assembly of Manitoba
Twinning Program with Women Parliamentarians
Commonwealth Women Parliamentarians - Canada Region

APPLICATION FORM

Twinning Program with Women Parliamentarians of the Manitoba Legislature
in Winnipeg, Thursday, May 21 and Friday, May 22, 2026

Please submit this form along with a reference letter including the referee's contact information no later than March 27, 2026 at CWPtwinning@mbassembly.ca

First name:

Last name:

Date of birth:

Address (including postal code):

Email address:

Cell phone number:

Are you, or have been, a member or an employee of a provincial political party of Manitoba?

No Yes - which party?

Do you identify as part of a visible minority group?

No Yes

Do you identify as a member of the LGBTQ+ community?

No Yes

Do you identify as an Indigenous person?

No Yes





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Please explain your motivation for applying to the Twinning Program (max. 500 words):





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Please attach your résumé or provide a written summary of your education and work experience in the space below (limit: 500 words).

I certify that the information I have provided in this application is true and correct to the best of my knowledge. Should this application result in my selection as a participant in the Twinning Program, I understand that any false or misleading information in my application or any unparliamentary behavior over the course of the program may result in my exclusion from the Twinning Program.

Signature:

Date:

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