

PATIENT EXPERIENCE COUNCIL MEMBERSHIP APPLICATION

Please complete this form to be considered as a candidate for the Patient Experience Council at St. Thomas Elgin General Hospital.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____

Telephone: _____

What is the best way to contact you and when? _____

Thank you for taking the time to complete this application. Please write brief but descriptive answers to the following questions in the spaces provided.

1. Which departments, including outpatients services or clinics, have served you and / or your family and approximately when?

2. What are some of the specific things that our health care professionals do/have done to help you and your family?



3. What are some of the things you would like our health care professionals to do differently or better to help you and / or your family?

4. Why do you want to become a member of this council?

All information contained on this form is considered confidential and intended for use by the Selection Committee only. You may be contacted upon receipt of this application form to participate in a face-to-face meeting/interview.

Please email or mail this application to:

Nancy Lawrence
Strategic Communications and Stakeholder Relations
St. Thomas Elgin General Hospital
189 Elm Street
St. Thomas, ON N5R 5C4

nlawrenc@stegh.on.ca