**Patient and/or Family Advisor Application Form**

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| Name (first and last) |  |  |  |
| Home Address |  |  |  |
| City | Province |  | Postal Code |
| Home # |  | Cell # |  |
| Email |  |  |  |
| Preferred Contact (check one) | * Home Phone ☐Cell Phone ☐ Email
 |

**Please answer these questions so we can get to know you better.**

|  |  |
| --- | --- |
| I am… A patient who has had care at St. Thomas Elgin General Hospital A family member of a patient at St. Thomas Elgin General Hospital Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I would like to commit to:  Less than 1 hour per month  1-2 hours per month 3-4 hours per month More than 4 hours per month |
| I would like to: Participate in discussion groups Review or help create the materials  given to patients  Sit on working groups to improve  specific services Provide feedback by telephone or  e-mail  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My most recent experience(s) was with: Acute Medicine (4th and 5th floor) Surgical Services (2nd floor) Women’s and Children’s  Cardiac and Intensive Care Unit  Ambulatory Care Chemotherapy  Complex Continuing Care Integrated Stroke Unit Diagnostic Imaging (X-Ray, Ultrasound,  Mammograms)  Mental Health |

**Why would you like to serve as a Patient and/or Family Advisor?**

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**Please tell us about your skills and experiences that make you suitable for this role.**

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**Please tell us your contributions as a volunteer to other organizations (write “N/A” if not applicable)**

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**What are some issues that are of special interest to you as a Patient and/or Family Member of a Patient?**

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**What Patient & Family Advisor Engagement Specialty\* are you interested in? Circle below.**

**Operations** **Communications Projects**

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| --- | --- | --- |
| **Specialty\*** | **Description** | **Level of Engagement** |
| Operations | Active members on hospital committees and Patient Experience Council. | Commit to being an active participating member on a hospital committee/board/council.Frequent meetings.* Patient Experience Council meets every 3rd Tuesday of the month from 10 – 11:30 AM
* Corporate Committees vary (i.e. monthly, quarterly).
 |
| Communications | Co-writing, reading, and reviewing organizational guidelines, brochures, pamphlets, patient information, policies, practices, and procedures. | Partner Flexibility, Virtual Participation Option. |
| Projects | Active participants in experience-based co-design initiatives and decision-making projects with care providers. | Commit to being an active participant in special projects, and frequent meetings. Possible “one-time” commitment until completion of the project. |

**Are you involved as a Patient & Family Advisor on an existing committee, council, or special project? Circle below.**

**Y / N**

When you have completed this form, please print and return to the Patient Experience Office

**Patient Experience**

St. Thomas Elgin General Hospital

189 Elm Street
St. Thomas, Ontario
Canada N5R 5C4

patientexperience@stegh.on.ca
519-631-2030 ext 2184

**Upon receiving your application, the Patient Experience Office will contact you within five (5) business days.**