

## Patient & Family Advisor Application Form

**Name** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

**Address** \_\_\_\_\_  
 Number & Street Name \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

- I am/was a patient     I am a family member of a patient

**What interests you in becoming a Patient & Family Advisor?**

**Within the past five years, what Halton Healthcare services have you or your family member used:** (check all that apply)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Cancer Care        | <input type="checkbox"/> Complex Transitional Care | <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Diabetes Care |
| <input type="checkbox"/> Emergency          | <input type="checkbox"/> General Medicine          | <input type="checkbox"/> Intensive Care     | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Outpatient Clinics | <input type="checkbox"/> Rehabilitation            | <input type="checkbox"/> Renal/Dialysis     | <input type="checkbox"/> Surgery       |
| <input type="checkbox"/> Other              |  |   |  |

**I would be interested in helping with** (*identify all of your areas of interest*):

- Developing educational materials.
- Planning for the hospitalization (inpatient) care experience.
- Planning for the surgical experience.
- Planning for the clinic (outpatient or ambulatory) care experience.
- Planning for the emergency experience.
- Ensuring patient safety and the prevention of medical errors.
- Participating on interviewing panels for new staff hires.
- Educating new employees, staff and physicians about the experience of care and effective communication, and support.
- Improving the coordination of care and the transition to home and community care.
- Long-term committee membership to have impact and influence on policies and practices, effecting the care and services patients receive.
- Short-term projects.
- Issues of special interest (please describe). \_\_\_\_\_

**How did you hear about the Patient & Family Advisor opportunity?** (check all that apply)

- Newspaper
- Social media
- Website
- Friend or family member
- In hospital promotion
- Other \_\_\_\_\_

## Declaration

**I confirm that I have provided true and accurate information on my application.**

**I understand that:**

1. The personal information collected in this application will be used as part of the application screening process to evaluate my suitability for a position as a Patient & Family Advisor at Halton Healthcare.
2. My personal information will not be used or disclosed for purposes other than those for which it was collected, except with the appropriate consent or as required by law.
3. I will be required to comply with Halton Healthcare's policies and practices in order to participate as a Patient & Family Advisor, including privacy and vaccination requirements.

**By signing below, I confirm that I have read and understood the information above.**

---

Signature:

Quality and Patient Relations screens all applications. Due to the suitability of applicants, we cannot guarantee that every applicant will obtain an interview or placement. Those applicants most suitable for our current opportunities will be contacted.