

Application Form for Patient Family Advisors

Date: _____

Last Name: _____ First Name: _____

Address (Street, Unit #, Town, Province and Postal Code):

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Preferred Method of Contact: Home Phone Work Phone Cell Phone Email

Occupation: _____ Not Working

Other language(s) that you speak: _____

In the past 2 years, have you or your family used the services of Georgian Bay General Hospital?

Yes No

What areas would be of interest to you? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Renal/Kidney |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Senior Friendly Committee |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Emergency | |
| <input type="checkbox"/> Imaging/Diagnostics | | Other: _____ |

Why would you like to serve as a Patient Family Advisor?

Availability:

Some hospital meetings take place at 8:00am or 4:00pm but most happen somewhere in between. Please provide us with the times when you are able to attend meetings:

I am available on the following dates and times to dedicate as a PFAC Advisor (click all that apply):

Day of Week: Monday Tuesday Wednesday Thursday Friday

Time of Day: 8am – 11am 11am – 1pm 1pm – 4pm

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I would be available to contribute in the role of PFAC Advisor for a minimum of 1 year?

Yes No

How many hours per month can you commit to?

1-5 5-10 10+

Other Information:

Are you currently a volunteer/employee at GBGH?

Yes No If yes was selected, please provide details:

Have you ever been a volunteer/employee at GBGH?

Yes No If yes was selected, please provide details including which department and approximate dates:

Please review before signing:

- I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient Family Advisor.
- I understand that, upon acceptance into an Advisor position, GBGH requires the following documents/tests to be completed:
 - Criminal Reference Check (CRC) with Vulnerable Sector Search (18+ years old)
 - 2 Step (TB) test and proof of immunization
 - Sign a Confidentiality Agreement and Code of Conduct Pledge

This is not an exhaustive list. More details will be provided at the acceptance stage.

- I have read and understand the Patient and Family Advisor Handbook.
- I understand that as an Advisor, I will be accountable to the GBGH Lead for the respective program.

I declare the above information to be true and complete to the best of my knowledge. I understand that a false statement may disqualify me or lead to my dismissal.

Signature: _____ **Date:** _____