

# Patient and Family Advisor Application Form



**Name**  
Last First

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

**Home Phone** **Cell Phone**  
**Email**

I am a patient  I am a family member of a patient

**Within the past two 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 <a href="#">Click here to enter text.</a> |  |   |  |

**When you are available to attend meetings?** (check all that apply)

- Day  Evening  Weekend

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

- 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
- Educating new employees, other 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 advisory council membership to have impact and influence on policies and practices that affect the care and services patients receive
- Issues of special interest (please describe)

**What are some of specific things that a health care professional did or said that were most helpful to you and your family?**

**What are some specific things that you or your family would like a health care professional to do *differently* in order to be more helpful?**

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**If you have served as an advisor, been an active volunteer committee member or done public speaking for other programs or organizations, please describe this experience:**

**Do you know other individuals and/or families who have experienced care at Halton Healthcare who might be interested in serving as advisors? Please call them for us or list their names and phone number (s):**

**Choose One:**

- Yes, I will allow my contact information to be shared with other Patient & Family Advisors
- No, I do not want my contact information shared with other Patient & Family Advisors

## 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. Halton Healthcare places high value on the protection of personal information in compliance with legislation. Application information is securely stored on a U.S. server temporarily (approximately 7 days) until downloaded into Halton Healthcare's local server. 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. Personal information will be retained only as long as necessary for the fulfillment of those purposes or as required by law.
3. I am required to comply with the confidentiality regulations of Halton Healthcare.
4. I must provide proof of an up-to-date Tuberculin skin test or chest x-ray and a record of immunity to measles, mumps, rubella and varicella (chicken pox) AFTER the interview and BEFORE beginning a volunteer placement.
5. I must wear my ID badge while on duty and the parking pass/access card must be returned to the Volunteer Department within 4 weeks of termination of appointment.

Halton Healthcare is not responsible for any claims for personal injury and/or property damage that may arise from or be in any way connected to my participation as a Patient & Family Advisor. The Hospital's insurance coverage will protect me from personal liability while I am serving as a Patient & Family Advisor, provided that I am acting in accordance with such directions or instructions as are given to me by hospital staff, and I am acting reasonably, honestly and in good faith. Patient & Family Advisors are not covered by workplace safety insurance through WSIB.

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

Signature of Patient & Family Advisor: \_\_\_\_\_

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 vacancies will be contacted.