

Patient and Family Advisor Application

Thank you for your interest to join HHS as a Patient and Family Advisor (PFA). As an Advisor your insights will help to identify what matters most to our patients and their families in their health care experience. Please complete this form to be considered as a candidate for a PFA position.

Please provide your contact information below:

Name:		Home Phone:
Address:		Cell Phone:
City/Town and Province:	Postal Code:	Email:

Please check the box that best describes your recent experience at HHS.

1. Are you a:

- Patient
- Family member of a patient

2. Which hospital did you receive care at?

- Hamilton General Hospital
- Juravinski Hospital and Cancer Centre
- McMaster University Medical Centre
- McMaster Children's Hospital
- St. Peter's Hospital
- West Lincoln Memorial Hospital

3. Which units provided care to you or your family member? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Laboratory Services |
| <input type="checkbox"/> Outpatient Clinic | <input type="checkbox"/> Rehabilitation |

4. When was your recent experience as a patient or family member receiving care at Hamilton Health Sciences?

- Currently receiving care
- 1-2 years ago
- 3 to 5 years ago

5. Do you have experience working within a team (either through paid work or as a volunteer for example, through a school or community group)?

Yes No

6. If you answered yes to question #2, please use the table below to tell us about your most recent experience working with a team. If you answered no, please proceed to question 3.

Name of Organization	Team/Committee Name/Purpose	How long?

7. Please tell us why you are interested in becoming a Patient and Family Advisor?

8. How do you think your experiences and skills will help us build an excellent patient experience at Hamilton Health Sciences? Please share examples.

9. Please list the times when you are available to volunteer? (check all that apply)

Daytime

Evening

Weekend

10. There are many ways to participate as a PFA.

Please check the area(s) that are of interest to you:

Committee work (ie. Regular meetings)

Focus groups or strategic planning sessions

Developing/ reviewing patient educational materials

Story sharing with other patients and health care providers

Short term projects or working groups

Other special interests _____

Thank you.

If you have any questions about completing this form or the PFA volunteer role, please contact one of the Patient Experience Specialists listed below.

Patient Experience Specialists:

Tina Vallentin (ext. 74205)
vallent@hhsc.ca

Tina Petrelli (ext. 72074)
petrelli@hhsc.ca

John Terpou (ext. 43379)
terpou@hhsc.ca

Please complete and return this form to: patientexperience@hhsc.ca

Or mail to:

Office of Patient Experience
1200 Main St. West
Hamilton, Ontario L8N 3Z5
905-521-2100