

## Patient and Family Advisor Application

Thank you for your interest to join Hamilton Health Sciences (HHS) as a Patient and Family Advisor (PFA). As a Patient and Family 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 Patient and Family Advisor position.

**Date:** [Click here to enter text.](#)

### Contact Information:

Name (First and Last): <a href="#">Click here to enter text.</a>	
Street Address: <a href="#">Click here to enter text.</a>	City/Town: <a href="#">Click here to enter text.</a>
Province: <a href="#">Click here to enter text.</a>	Postal Code: <a href="#">Click here to enter text.</a>
Home Phone: <a href="#">Click here to enter text.</a>	Cell Phone: <a href="#">Click here to enter text.</a>
Email Address: <a href="#">Click here to enter text.</a>	

### The following questions will help us get to know you better:

1. Are you a.....

- Patient
- Family member of a patient
- Other (please specify): [Click here to enter text.](#)

2. When was your experience at Hamilton Health Science?

- Currently     
  1 - 2 years ago     
  3 - 5 years ago     
  More than 6 years ago

3. Please indicate the location(s) you or your family member have used (check all that apply):

- |                                                                |                                                         |
|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Hamilton General Hospital             | <input type="checkbox"/> Ron Joyce Children's Centre    |
| <input type="checkbox"/> Juravinski Hospital and Cancer Centre | <input type="checkbox"/> St. Peter's Hospital           |
| <input type="checkbox"/> McMaster Children's Hospital          | <input type="checkbox"/> Urgent Care Centre             |
| <input type="checkbox"/> McMaster University Medical Centre    | <input type="checkbox"/> West Lincoln Memorial Hospital |

4. Which areas provided care to you or your family member? (Check all that apply):

- Diagnostic Imaging (e.g. CT, ultrasound, x-ray, etc.)
- Emergency Department
- Inpatient Unit
- Laboratory Services (e.g. Bloodwork, etc.)
- Nuclear Medicine (e.g. MRI, PET scan, etc.)
- Outpatient (Ambulatory) Clinic
- Rehabilitation Services (e.g. Occupational Therapy, Physiotherapy, Speech Therapy, etc.)
- Other (please specify): [Click here to enter text.](#)

5. How did you hear about Hamilton Health Science's Patient & Family Advisor Role?

- Another Volunteer
- Staff Member
- Website
- Brochure
- Social Media
- Other (please specify): [Click here to enter text.](#)

**Please tell us more about yourself and your experience:**

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

[Click here to enter text.](#)

7. A) Do you have experience as a member of a committee either through paid work or as a volunteer?

- Yes
- No

B) If yes, please tell us about the most recent committee(s) and your role(s).

[Click here to enter text.](#)

8. How do you think your experience (including work, volunteer and health care experiences at Hamilton Health Sciences) and skills will help you as a Patient and Family Advisor? Please share examples of your experience and/or skills.

Click here to enter text.

9. We want a diverse team of Patient and Family Advisors with a wide-range of personal experiences and viewpoints to reflect all of the communities we serve. What aspects from your background would add to the Patient and Family Advisor Program? (Examples: activities within your community, new or long-time patient at HHS, language, cultural backgrounds, etc.)

Click here to enter text.

10. Please select the time(s) of day you are available to participate in Patient and Family Advisor activities (e.g. meetings): (check all that apply)

<input type="checkbox"/> Morning (7am – 12pm)	<input type="checkbox"/> Afternoon (12pm – 4pm)
<input type="checkbox"/> Evening (4pm – 7pm)	<input type="checkbox"/> Other (please specify): <a href="#">Click here to enter text.</a>

11. There are many ways to participate as a Patient and Family Advisor. Please check the area(s) that are of interest to you:

<input type="checkbox"/> Virtual Opportunities (e.g. Developing and reviewing education materials, completing surveys, reviewing and providing input on documents)
<input type="checkbox"/> Committee work (i.e. Regular monthly meetings - approximately 2hrs)
<input type="checkbox"/> Focus groups or strategic planning sessions
<input type="checkbox"/> Sharing your health care story with other patients and/or health care providers
<input type="checkbox"/> Short-term projects or working group focused on making improvements to specific healthcare services (approximately 1-2 hours per month for 1-12 months)
<input type="checkbox"/> Other special interests: <a href="#">Click here to enter text.</a>



Thank you for taking the time to complete this application form. A member of the Patient Experience Department will contact you via email or telephone within 2 weeks of receiving this application.

**Please return your completed application form by:**

**Email:** [patientexperience@hpsc.ca](mailto:patientexperience@hpsc.ca)

OR

**Mail:** Office of Patient Experience  
1200 Main St. West  
Hamilton, Ontario L8N 3Z5

If you have any questions about completing this form or the Patient and Family Advisor volunteer role, please contact:

**Tina Vallentin**  
Patient Experience/Safety Specialist  
905-521-2100 Ext. 74205  
[mandigom@hpsc.ca](mailto:mandigom@hpsc.ca)