



**Lakeridge
Health**

Patient and Family Experience Advisor Application Form

DATE	FIRST NAME	LAST NAME
ADDRESS		
TELEPHONE NUMBER	EMAIL ADDRESS	

How did you hear about the Patient and Family Experience Advisor Program?

Staff Referral

Please list what Department or Program the staff referral came from: _____

Lakeridge Health Website

Poster

Brochure

Other: _____

Have you been a patient or family of a patient who has received care at any Lakeridge Health location within the last two years?

Yes

No

If yes, please provide information on how Lakeridge Health has touched you during this time:

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

What skills and/or experiences do you have that would make you an effective Patient and Family Experience Advisor?

**What areas and/or programs of the hospital interest you?
(You are able to check more than one)**

- | | |
|---|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Working with Seniors | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Maternal Child | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Cancer Centre | <input type="checkbox"/> Strategy and Risk |
| <input type="checkbox"/> Nephrology and Diabetes | <input type="checkbox"/> Stroke Program |
| <input type="checkbox"/> Mental Health and Addictions | <input type="checkbox"/> Diagnostic Imaging (X-Ray) |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Other _____ |

How do you want to help? Please check all of your areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Serve as an Online Advisor – Advisors respond online to questions about patient care and how care can be improved | <input type="checkbox"/> New Staff Recruitment – Advisors partner in the process to recruit and hire staff |
| <input type="checkbox"/> Education materials - developing/reviewing patient and family educational materials and website | <input type="checkbox"/> New Employee Orientation – Advisors assist in presenting to new employees on the concept of Patient and Family Centered Care and what Advisors do at Lakeridge Health. |
| <input type="checkbox"/> Committee Work - participating on a specific Program Council (commitment of 2 hours every other month to attend meetings) | <input type="checkbox"/> Serve on an Advisory Council – commitment of 2 hours every other month to attend meetings |
| <input type="checkbox"/> Story Sharing – sharing your story and health care experiences with staff, physicians and other patients | <input type="checkbox"/> Hospital Facilities – provide input to help improve patient care areas, family resource rooms, waiting rooms, etc. |
| <input type="checkbox"/> Short Term Projects – Advisors partner with staff on short term projects or focus groups to help improve services | |

We recognize that our Advisors have busy lives; how much time are you able to commit (approximately) to being an Advisor? (please check one):

- Less than one hour a month
- 1 to 2 hours per month
- 3 to 4 hours per month
- More than 4 hours per month

Are you able to serve as an Advisor for more than 1 year?

- Yes
- No

Please read and check before signing:

- I understand that submitting this application and/or being interviewed does NOT guarantee a position as a Patient and Family Experience Advisor
- I understand upon acceptance as an Advisor, I will be required to complete the Volunteer Resources registration and orientation process including submission of a current criminal reference check plus proof of immunization and the results of a 2-step Tuberculosis (TB) test
- I understand that prior to beginning my role as an Advisor, I must sign a confidentiality agreement
- I give permission for Lakeridge Health to discuss my application with the references listed on page 4

Applicant's Signature: _____ **Date:** _____

If applicant is under the age of 16, parent/guardian signature is required:

Parent Guardian Signature: _____ **Date:** _____

Please provide the name, telephone number and email addresses of two references who are not related to you:

1.	2.
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Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of Patient and Family Advisor selection and placement at Lakeridge Health. We will not share this information otherwise without permission from the applicant/guardian.