



# Health Sciences North Patient and Family Advisor Membership Application Form

Thank you for your interest in becoming a Patient and Family Advisor at Health Sciences North (HSN). Improving the patient experience has been identified as a key priority for HSN. Patients and families have experience that can be invaluable in improving the care experience across the organization.

Please complete this form.

Only selected applicants will be contacted for an interview.

**Office Use Date Completed**

- Data Entry: \_\_\_\_\_
- Interview: \_\_\_\_\_
- Reference check \_\_\_\_\_
- CRC: \_\_\_\_\_
- Immunization (if accepted by PFA) \_\_\_\_\_
- Email Access Yes No: \_\_\_\_\_
- Review Privacy SLP: \_\_\_\_\_
- Code of Conduct Form: \_\_\_\_\_
- Confidentiality Form: \_\_\_\_\_
- Volunteer Orientation: \_\_\_\_\_
- PFA Orientation: \_\_\_\_\_
- Placement: \_\_\_\_\_
- Training Arranged: \_\_\_\_\_

First and Last Name

Email Address

Home Phone #

Work Phone#

Cell Phone #

Home Address

City/Town

Postal Code

In the past 3 years have you or your family used the services of Health Sciences North?

Yes

No

Current Status that best describes you **(Please check ONE)**

Employed

Seeking employment

Student

Retired

Other \_\_\_\_\_

What is the best way to contact you?  Phone  Email  Mail

When is the best time to contact you?  Days  Evenings  Weekends

Please specify the times when you are able to attend meetings:

Daytime between \_\_\_\_\_ and \_\_\_\_\_

Evenings between \_\_\_\_\_ and \_\_\_\_\_

How did you hear about the Patient and Family Advisory Program?

Why would you like to serve as a patient or family advisor?

What are some areas of special interest to you?

Do you have any skills that would be advantageous to HSN?

I would be interested in helping with: (you may check more than one box)

- Reviewing patient and family satisfaction surveys
- Improvement projects for Strategic Plan, Quality Improvement Plan
- Developing/Reviewing patient/family education materials
- Developing/Reviewing staff education materials
- Co-facilitating new staff education sessions (patient and family centered care content)
- Peer leader training and co-facilitation of patient work shops
- Sharing patient stories (public speaking)
- Family and Child Program
- Cancer Care
- Renal Program Accessibility
- Mental Health and Addictions Medical Program
- Pharmacy Services
- Rehabilitation
- Respiratory Therapy
- Surgical Program
- Emergency Services
- Cardiology
- Intensive Care Unit
- Palliative Care
- Hiring Interviews
- Research Activities
- Other (please specify) \_\_\_\_\_

Please read and check before signing

- I understand that, upon acceptance into an advisory position, HSN requires that I submit the results of a criminal reference check. More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor; I can choose to submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization. More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor I must sign a confidentiality agreement
- I understand that as an advisor I will be accountable to the HSN Patient and Family Advisor Liaison

## REFERENCE

Please provide the name of a person not related to you who will provide a character reference for you.

Name:	
Phone Number:	
Email Address:	

Applicant Signature:	
Date:	

Applicants who are selected for an interview will normally be contacted within 30 days of submission of the application form.

All information contained on this form is considered confidential and is intended for use by Health Sciences North's Patient and Family Advisor Liaison only. You may be contacted upon receipt of this application form to participate in a face-to-face interview.

Please email your completed application to [pfaprogram@hsnsudbury.ca](mailto:pfaprogram@hsnsudbury.ca)

OR mail it to:

Health Sciences North  
Attention: Tina Delorme, Patient and Family Advisor Liaison  
Ramsey Lake Health Centre  
41 Ramsey Lake Road  
Level 1, Administration  
Sudbury, Ontario  
P3E 5J1

Thank you for your interest in becoming a Patient and Family Advisor.

