



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.

First Name _____

Last Name _____

Email _____

Home Phone _____

Work Phone _____

Home Address _____

City/Town _____

Postal Code _____

What is the best way to contact you and when?

Where did you or your loved one receive care at HSN and what procedure or treatment did you receive while here?

Why do you want to be a Patient and Family Advisor? Tell us about opportunities for improvement you have observed or what you feel HSN could do differently to better serve patients and families.

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What do you feel you can bring to HSN?

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Please specify your availability to participate in meetings and events? (i.e. daytime, evening, weekend)

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REFERENCE

Please provide the name of a person who will provide a character reference for you.

Name:	
Phone Number:	
Email Address:	

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Conditions of Application:

- I can commit the time required to be a Patient and Family Advisor.
- I understand that all successful applicants will be required to complete a Health Sciences North's Volunteer Services Registration Form.
- I understand that all successful applicants will be required to complete and submit a police check.

Applicant Signature:	
Date:	

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

All information contained on this form is considered confidential and is intended for use by Healthy Sciences North's Patient and Family Advisor Selection Committee only. You may be contacted upon receipt of this application form to participate in a face-to-face interview. All applications submitted will be kept on file for two years and will only be reviewed when there are vacancies.

Please email your completed application to pfaprogram@hsnsudbury.ca

OR mail it in the envelope provided 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



Health Sciences North
Horizon Santé-Nord