

PATIENT AND FAMILY ADVISORY COMMITTEE APPLICATION FORM

If you have any questions about this form please call (613-938-4240 extension 1989)

First and Last Name:			
Street Address			
City		Postal Code	
Email Address			
Home Phone		Mobile Phone	
Preferred Contact	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Email

I am interested to sit on the Patient and Family Advisory Committee (PFAC) as a:

- Patient/former patient
- Family member of a patient
- Caregiver of a patient

1) My most recent experience with the Cornwall Community Hospital was:

- Within the last year
- Within the last 2 years
- Over 2 years ago

2) I speak the following language (s)

- English
- French
- Other

3) I or my family member received care from these health services or health care teams (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Services | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Inpatient Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Medicine/Rehab | <input type="checkbox"/> Community Programs - Adult |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Community Programs - Children |
| <input type="checkbox"/> Women & Children's Health | <input type="checkbox"/> Other (please Specify) |

4) Each month, I am able to volunteer this much time (check one)

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

5) I am available to serve on the PFAC for a minimum of two (2) years

- Yes
- No

6) Please specify times when you are available to attend meetings:

- Morning
- Afternoon

7) As a member of PFAC I would like to help (check all that apply)

- Develop or review informational materials for patients and family members
- Improve the patient and family role in health care decision-making
- Improve health care services
- Educate or train health care staff and clinicians by sharing my health care experience story
- Review policies, programs and practices which affect patient care services and offer suggestions for improvement
- Other topics (please describe)

Please return your completed form to feedback@cornwallhospital.ca or by mail to: Cornwall Community Hospital
840 McConnell
Cornwall, ON K6H 5S5
Attention: Patient Relations