

Patient and Family Advisory Council Application

The Patient and Family Advisory Council is a group of people who have experience using health services and a desire to improve the experience of healthcare services at St. Joseph's Health Centre Guelph for patients, families and the community in general.

The Council serves as an advisory resource to enhance the design and delivery of patient/family centered care. The Council represents the voice of patients and family members.

Members of the Patient and Family Advisory Council:

- Provide input and advice on specific issues related to health care delivery and services
- Participate in the development of new programs, services and patient/family tools
- Assist with the creation of long term strategies for Patient and Family Involvement

The Council seeks members who are interested in collaborating to create positive change. New members are recruited all year, and interviews occur for new terms throughout the year.

Please complete this form to be considered as a member candidate for the Patient and Family Advisory Council at St. Joseph's Health Centre Guelph. Please include a resume if you have one.

Today's Date: _____

Your Name: _____

Home Address: _____

Telephone (Daytime): _____

Telephone (Evening): _____

Email Address: _____

Occupation (past or present): _____

Would you be able to make a commitment to attend 9 meeting per year at St. Joseph's Health Centre Guelph for a term of two years (excludes July, August, December)?

Yes No

What do you feel you can bring to the Patient and Family Advisory Council? Tell us about the qualities you have as well as your education, any special training you have undertaken, personal experiences, hobbies, board and/or committee participation, etc.

Which St. Joseph's Health Centre Guelph departments, including outpatient services or clinics, have served you or your family and approximately when?

**Please identify your availability for meetings:
Check all that apply**

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursdays | |
| <input type="checkbox"/> Fridays | |

FOR MORE INFORMATION OR TO SUBMIT YOUR COMPLETED APPLICATION, PLEASE CONTACT:

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