



## Patient and Family Advisory Council Application

### Instructions

1. To apply to be a member of our Patient and Family Advisory Council, you must complete this application form and submit it with a copy of your current resume using the following information:

**Attention: Executive Assistant  
South Huron Hospital Association  
24 Huron Street West  
Exeter, Ontario N0M 1S2  
Fax: 519.235.3405  
Email: [shha.administration@shha.on.ca](mailto:shha.administration@shha.on.ca)**

2. The application deadline will be determined annually.
3. For more information concerning this application process, please contact Katie Willert @ 519.235.5169.

### Applicant Contact Information:

Full Name

Home Address

City/Town & Postal Code

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Preferred Method of Contact

Other



**In the past 2 years have you or your family used social services?**  Yes -  No

**I am** (please check one):

- A current patient  A former patient  
 A family member of a current patient  A family member of a former patient  
 An interested community member

**The care provided at SHHA was primarily** (Check all that apply):

- Admitted Patient  Emergency Department  Clinic/Out Patient  
 Other (please comment)

**Please check the age range that best describes you:**

- 18-30  30-50  50-65  65-75  Over 75

**Why would you like to serve as an advisor?**

**What are some topics of special interest to you?**

**What are some specific things that SHHA care providers are doing well to help patients and family members?**



**What are some of the things you would like to see us do differently to better serve patients and families that receive care at SHHA?**

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

Daytime -  Evenings

**When did you or your loved one receive care at SHHA?** (Please check all that apply)

- 2014 - present       2012 - 2014       2010 - 2012       Before 2010  
 None of the above

**What services did you or your loved one receive at SHHA?** (Please check all that apply)

- Emergency Visit                       Medical Hospitalization       Out-Patient  
 Rehabilitation                       Diagnostic Imaging               Social Work  
 Telemedicine/OTN                   Laboratory  
 Registered Dietitian/Diabetes Clinic     Other (Please Specify):

**According to the Accessibility for Ontarian with Disabilities Act (AODA), do you require any accommodations for a disability?**

- No     Yes (Please provide details)

### **Eligibility Criteria & Commitment Expectations:**

1. Must be at least 18 years of age.
2. Must have been a resident of, or be employed or carry on business in the geographical area considered to be the catchment area of the hospital for at least three months prior to being considered as a potential candidate.
3. Expected to commit the time required to discharge the duties of a board and committee membership (minimum time per month is on average 10-15 hours).
4. Must fulfill the requirements and responsibilities as outlined in our Patient and Family Advisory Council (PFAC) – Terms of Reference Policy #02-030)



## **Conflict of Interest Disclosure:**

Individuals serving on the Patients and Family Advisory Council, hospital committees must avoid conflicts between self-interest and their fiduciary duty to the hospital. Please identify below any relationships with a current employee of the hospital (or with another organization) which may create a conflict of interest, or have the appearance of a conflict of interest, by virtue of being appointed to the Patient and Family Advisory Council.

### **Please review and check boxes before signing:**

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

No -  Yes (Please provide details)

I understand that, upon acceptance into an advisory position, SHHA requires that I submit the results of a criminal reference check for the venerable sector (18+ years old). More details are provided at the acceptance stage.

Are you currently or have you ever been involved in a legal challenge between yourself/your family and a hospital?

No -  Yes (Please provide details)

I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient and Family Advisor.

I understand that prior to beginning as an advisor I must first sign a confidentiality agreement and the Code of Conduct.



- I read and understand the Rights of the Advisory Council as set out in the terms of reference
- I meet the Eligibility Criteria to be a member of the advisory council.
- I agree to abide by the Mission, Vision and Values.
- I can commit time involvement in council activities.
- I understand that I may withdraw my application at any time.
- I understand that all successful Patient and Family Advisors will be required to complete a SHHA volunteer services orientation session.
- I have attached current resume or brief biographical sketch.
- I attached the name and contact information of a person who will provide a character reference.
- I give SHHA Patient and Family Advisory Council (or their designate) permission to discuss my application with the above reference.

**Declaration:**

By submitting this application form, I declare the following:

1. I meet the eligibility requirements as outlined above.
2. I have read, understood and agree to comply to the following Policies:
  - a) Patient and Family Advisory Council (PFAC) – Terms of Reference 02-030 (in progress)
  - b) Confidentiality Policy 19-002
  - c) Privacy Policy 19-001
3. I understand that my personal application submission will be subject to a formal screening and selection process which may or may not result in my successful election or appointment to the Patient and Family Advisory Council.



Name

Date

By checking the box below, you certify that you have read this application for, that you know and understand the meaning and intent of this agreement and that you are entering this knowingly and voluntarily.

I agree.

Please save this application electronically, and kindly submit via email with your resume to: [shha.administration@shha.on.ca](mailto:shha.administration@shha.on.ca)

Or, print this completed application and submit with your resume to:  
Attention: Executive Assistant, South Huron Hospital Association  
24 Huron Street West, Exeter, ON N0M 1S2

Or Fax to 519.235.3405

