



## Patient and Family Advisory Committee (PFAC) Application

(Please Print)

<b>SURNAME:</b>		<b>GIVEN NAME:</b>	
<b>RESIDENTIAL ADDRESS:</b>			
<b>EMAIL ADDRESS:</b>			
<b>TELEPHONE:</b>	Home:	Other:	
<b>PREFERRED CONTACT METHOD:</b>		<input type="checkbox"/> Telephone	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>I am (please <input checked="" type="checkbox"/> one):</b> <input type="checkbox"/> A current patient / resident / client. <input type="checkbox"/> A family member of a current patient / resident / client. <input type="checkbox"/> An interested community member. <input type="checkbox"/> A former patient / resident / client. <input type="checkbox"/> A family member of a former patient / resident / client.			
Please <input checked="" type="checkbox"/> the age range that best describes you: <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 66-75 <input type="checkbox"/> Over 75			
<b>STATEMENT OF INTEREST</b>			
<b>Why are you interested in becoming a committee member? Please provide a brief statement.</b>  			
<b>What are some topics of special interest to you?</b>  			
<b>Feel free to give an example of your experience within the health care system specific to NSHN?</b>  			



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

- No  
 Yes (please provide details):

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

- No  
 Yes

### DECLARATION

I understand that my personal application submission will be subject to a formal screening process which may or may not result in my successful election or appointment to the Patient and Family Advisory Committee.

By checking the box below, you certify that you have read this application form and that you are entering this knowingly and voluntarily.

- I agree

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU FOR YOUR APPLICATION**