



NAME (First & Last):			
ADDRESS:			
PHONE (Home):		(cell):	
E-MAIL:	OCCUPATION:		
PREFERRED METHOD OF CONTACT:	🗆 Home Phone	Cell Phone	🗆 E-mail

If you require assistance with this application, please feel free to contact our Patient Relations Manager, Cindy Coutts. You can find her contact information at the end of this application

1. How did you hear about PFAC?

2. What is your understanding of the role of the PFAC within the hospital?

3. What assets/skills do you feel you can contribute to PFAC?

4. What areas of interest or thoughts regarding improving the patient experience do you have at the hospital?

5. Are you able to dedicate approximately three to ten hours a month (excluding summer)?
Yes No

6. Are you available for a meeting during the day? \Box Yes \Box No

- 7. Are you available for on-line meetings? \Box Yes \Box No
- 8. Are you available for in-person meetings?
 Ves No
- January 21, 2021





All boxes must be checked in order to move forward with this application.

Eligibility Criteria & Commitment Expectations

- □ I am at least 18 years of age
- □ I have a residential or business address in the catchment area of the hospital
- □ I will fulfill the requirements and responsibilities as outlined in the Patient and Family Advisory Council (PFAC) – Terms of Reference
- □ I understand that, upon acceptance into an advisory position, PSFDH requires that I submit the results of a criminal reference check for the vulnerable sector.
- □ I understand that prior to beginning as an advisor I must first sign a confidentiality agreement and the Code of Conduct.
- □ I agree to abide by the Mission, Vision and Values of the Perth & Smiths Falls District Hospital
- □ I understand that by submitting this application and/or being interviewed does not guarantee a position as a Patient and Family Advisor.

Signature of Applicant

Date

Perth and Smiths Falls District Hospital is an equal opportunity employer committed to meeting needs under the Canadian Charter of Rights and Freedom and the Ontario Human Rights Code. Our recruitment process follows the Accessibility for Ontarians with Disabilities Act in order to provide a fair and equitable process for all candidates. Applicants requiring accommodation through the recruitment/interview process are encouraged to contact our Patient Relations Officer for assistance.

We thank all interested candidates for their response, however, only those chosen for an interview will be contacted

Submission of Application may be made by mail, e-mail, phone or fax

Please submit this application to: Cindy Coutts, Patient Relations Officer Perth and Smiths Falls District Hospital 60 Cornelia Street West, Smiths Falls, ON K7A 2H9 E-mail: patientrelations@psfdh.on.ca Phone: (SF) 613-283-2330 Ext. 1149 or (GWM) 613-267-1500 Ext. 1149 Fax: 613-283-8990