



# Health Sciences North Patient and Family Advisor APPLICATION FORM

Thank you for your interest in becoming a Patient and Family Advisor (PFA) at Health Sciences North (HSN). Although PFAs do not have direct contact with patients, their role is vital to HSN because their opinions, ideas and input help influence change and have an impact on the care and services we provide to our patients and families.

Selection of PFAs will be based upon the following criteria:

- Have had both positive and negative perceptions of their hospital experience.
- Reflect the diversity of those served by the hospital
- Is not employed directly by HSN

*\*Only selected applicants will be contacted for an interview.\**

Office Use Date Completed	
<input type="checkbox"/>	Data Entry: _____
<input type="checkbox"/>	Interview: _____
<input type="checkbox"/>	Reference check _____
<input type="checkbox"/>	CRC: _____
<input type="checkbox"/>	Immunization (if accepted by PFA) _____
<input type="checkbox"/>	Email Access <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: _____
<input type="checkbox"/>	Review Privacy SLP: _____
<input type="checkbox"/>	Code of Conduct Form: _____
<input type="checkbox"/>	Confidentiality Form: _____
<input type="checkbox"/>	Volunteer Orientation: _____
<input type="checkbox"/>	PFA Orientation: _____
<input type="checkbox"/>	Placement: _____
<input type="checkbox"/>	Training Arranged: _____

**Please complete this form.**

First and Last Name	
Email Address	
Home Phone #	
Work Phone#	
Cell Phone #	
Home Address	
City/Town	
Postal Code	

In the past 2 years, have you or a family member accessed services of Health Sciences North?

Yes  No

Current Status that best describes you **(Please check ONE)**

Employed  
 Seeking employment  
 Student  
 Retired  
 Other \_\_\_\_\_

What is the best way to contact you?  Phone  Email  Mail

When is the best time to contact you?  Days  Evenings  Weekends

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

Daytime between \_\_\_\_\_ and \_\_\_\_\_

Evenings between \_\_\_\_\_ and \_\_\_\_\_

How did you hear about the Patient and Family Advisory Program?

Why would you like to serve as a patient or family advisor?

What are some areas of special interest to you?

Do you have any skills that would be advantageous to HSN?

I would be interested in helping with: (you may check more than one box)

- Reviewing patient and family satisfaction surveys
- Improvement projects for Strategic Plan, Quality Improvement Plan
- Developing/Reviewing patient/family education materials
- Developing/Reviewing staff education materials
- Co-facilitating new staff education sessions (patient and family centered care content)
- Peer leader training and co-facilitation of patient work shops
- Sharing patient stories (public speaking)
- Family and Child Program
- Cancer Care
- Renal Program Accessibility
- Mental Health and Addictions Medical Program
- Pharmacy Services
- Rehabilitation
- Respiratory Therapy
- Surgical Program
- Emergency Services
- Cardiology
- Intensive Care Unit
- Palliative Care
- Hiring Interviews
- Research Activities
- Other (please specify) \_\_\_\_\_

Please read and check before signing

- I understand that, upon acceptance into an advisory position, HSN requires that I submit the results of a criminal reference check. More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor; I can choose to submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization. More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor I must sign a confidentiality agreement
- I understand that as an advisor I will be accountable to the HSN Patient and Family Advisor Liaison

## REFERENCE

Please provide the name of a person not related to you who will provide a character reference for you.

Name:	
Phone Number:	
Email Address:	

Applicant Signature:	
Date:	

Applicants who are selected for an interview will normally be contacted within 30 days of submission of the application form.

All information contained on this form is considered confidential and is intended for use by Health Sciences North's Patient and Family Advisor Liaison only. You may be contacted upon receipt of this application form to participate in a face-to-face interview.

Please email your completed application to [pfaprogram@hsnsudbury.ca](mailto:pfaprogram@hsnsudbury.ca)

OR mail it to:

Health Sciences North  
Attention: Susanna Mansell, Patient Experience Coordinator  
Ramsey Lake Health Centre  
41 Ramsey Lake Road  
Level 1, Administration  
Sudbury, Ontario  
P3E 5J1

**Submit Form**

Thank you for your interest in becoming a Patient and Family Advisor.

