

**Geraldton District Hospital**

**Patient and Family Advisor Application Form**

**INFORMATION IS CONFIDENTIAL Please Print**

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province:\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile :(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Fax: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- | --- |
| **Will you allow your contact information to be shared with other committee/advisory members?** | | |
|  | * **Yes** | * **No** |
| **I am:** | * **A patient** | * **A family member of a patient** |
| **Please list times when you are available to attend meetings:** \*check all that apply\* | | |
| * **Daytime** | * **Evening** | * **Weekend** |
| **I can commit to:** |  |  |
| * **1 Year** | * **2 Years** | * **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Program / Department and Services involved in your care**: **\***care was primarily**\*** | | |
| * **Inpatient** | * **Both Inpatient and Outpatient** | |
| * **Outpatient** | * **Emergency Care** | |

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

**If you have served as an advisor, been an active committee member, or done public speaking for other programs or organizations, please briefly describe this experience:**

**What are some specific things that health care professionals have done or said that was most helpful to you and your family?**

**What are some specific things that you or your family would like health care professionals to do differently in order to be more helpful?**

**What would make it easier for you to attend PFAC meetings?**

**Please check off any skills that you have that may be useful to your advisory work:**

**Communication:**

* **Public Speaking**
* **Writing**
* **Active Listening**
* **Expressing Ideas**
* **Facilitating Group Discussions**
* **Negotiating**
* **Perceiving Nonverbal Messages**
* **Reporting, Presenting Information**
* **Interviewing**
* **Editing**
* **Computer Skills**

**Research and Planning:**

* **Creating Ideas**
* **Identifying Problems**
* **Brainstorming**
* **Gathering Information**
* **Setting, Meeting Goals**
* **Data Collection and Analysis**

**Human Relations:**

* **Providing Support for Others**
* **Motivating**
* **Mentoring**
* **Partnering**
* **Delegating**
* **Representing Others**
* **Perceiving Feelings, Situations**

**Organization, Management and Leadership:**

* **Teaching, Coaching**
* **Counselling**
* **Promoting Change**
* **Selling Ideas or Products**
* **Decision Making with Others**
* **Managing Conflict**

**I/We would be interested in helping with: \*** identify all of your interest areas**\***

* **Developing/Reviewing Patient/Family/Education Materials**
* **Ensuring Patient Safety and the Prevention of Medical Errors**
* **Reviewing Patient and Family Satisfaction Tools**
* **Participating in Facility Design Planning**
* **Improving the Coordination of Care**
* **Long-Term Advisory Council Membership to have Impact and Influence on Policies and Practices that Affect the Care and the Services Patients Receive**

***Please return this form to:***

**Diane Lauzon**

**Administrative Assistant**

**500 Hogarth Ave**

**P0T 1M0**

[**dlauzon@geraldtondh.com**](mailto:dlauzon@geraldtondh.com)