



**Patient & Family Advisory Council: Application Form**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number(s):</b>	
<b>Email:</b>	

<b>Emergency Contact Name / Relationship:</b>	
<b>Phone Number(s):</b>	

**Please provide the names and contact information of two references who are not related to you.**

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**In the past 5 years have you, a family member, or a loved one used the services of Norfolk General Hospital?**

- Yes**
- No**

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

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**Some hospital meetings take place at 7 A.M. or 7 P.M. Most happen somewhere in between.**

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

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

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

**While it may not be possible to immediately advise in every area, what areas of the hospital interest you most?**

- Reviewing patient and family satisfaction surveys
- Developing/Reviewing patient/family educational materials and website resources
- Educating medical students and residents, new employees, and other staff about the experience of care and effective communication and support
- Improving the coordination of care, including discharge planning and the transition to home
- Ensuring patient safety and the prevention of medical errors
- Obstetrics
- Mental Health
- General Medicine
- Emergency Department
- Intensive Care Unit
- Rehabilitation
- Hiring Interviews
- Other \_\_\_\_\_

**Please read and check  before signing:**

- I understand that submitting this application and/or being interviewed does not guarantee a position to the Patient & Family Advisory Council.
- I understand that, upon acceptance into an advisory position, NGH requires that I submit the results of a criminal reference check with the vulnerable sector search (18+ years old). More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor I must submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization.
- 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 NGH Lead for Patient and Family Centred Care

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Acknowledgement**

I acknowledge that all information listed here is true to the best of my knowledge. I understand that if and when I discontinue my role as a Patient & Family Advisory Council member at NGH that I must return my nametag. Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of Patient & Family Advisory Council selection and placement at NGH. We will not share this information otherwise without permission from the applicant/guardian.

**Note: Please print and return to Norfolk General Hospital**