Patient /Partner Experience Council

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 Human Resources Department at 613-283-2330 ext. 1882****

1. How did you hear about PEC?

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

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

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

5. Are you available for a meeting during the day? ☐ Yes ☐ No

6. Are you available for on-line meetings? ☐ Yes ☐ No

7. Are you available for in-person meetings? ☐ Yes ☐ No

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/Partner Experience Council (PEC) – 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 and 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:

Human Resources
Perth and Smiths Falls District Hospital
60 Cornelia Street West, Smiths Falls, ON K7A 2H9
E-mail: hr@psfdh.on.ca
Phone: (SF) 613-283-2330 Ext. 1882