



Patient Advisor Application Form

Chatham-Kent Health Alliance is seeking applications from patients and families to become a Patient Advisor. Patient Advisors will influence hospital decisions and provide an objective and balanced approach to patient and family perspectives across a wide range of hospital initiatives, programs, services and policies.

Applicant Information

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I Am A: Patient
 I received care within:
 < 3 months
 3-6 months
 6 months – 1 year
 > 1 year – Please Specify: _____

Family Member or Caregiver of a Patient

Have you ever or are you currently employed by or volunteered at Chatham-Kent Health Alliance?

How did you hear about this Program? Please check all that apply.

Social Media Radio Newspaper Flyer Friend Other _____

Why would you like to serve as a Patient Advisor?

I would be interested in assisting with the following project(s):

(You may check more than one box)

- Reviewing patient and family satisfaction surveys
- Ongoing participation in Committees/Sub-Committees
- Short-Term projects in my area(s) of interest
- Sharing your time and story with others whose loved one is in the hospital
- Providing education to Physicians and staff about various applications of Patient and Family Centered Care
- Serve as a "actor" for simulation training for physicians and staff
- Become an E-Advisor which entails reviewing and providing feedback on materials from home
- Developing/Reviewing patient/family educational materials and website resources
- Planning for the outpatient experience
- Planning for the inpatient care experience
- Planning for the emergency care experience
- Ensuring patient safety and the prevention of medical errors
- Educating medical students/residents, new employees and other staff about the experience of care and effective communication and support
- Improving the coordination of care, discharge planning, the transition to home and community care
- Developing the uses for information technology, including electronic medical records
- Hiring Interviews

Other (please indicate): _____

I would be interested in volunteering in the following department(s):

(You may check more than one box)

- Chronic Disease Management, Family Medicine, Rural & Seniors
- Diagnostics & Therapeutics
- Emergency, Ambulatory Care & Patient Flow
- Medicine & Critical Care
- Mental Health & Addictions
- Surgery
- Women's & Children's and Indigenous Health

References

Name: _____

Relationship: _____

Phone Number(s): _____

Email Address: _____

Name: _____

Relationship: _____

Phone Number(s): _____

Email Address: _____

Conditions of Application:

- I give Chatham-Kent Health Alliance and the Family Experience Council (or designate) permission to discuss my application and the above references provided.
- I understand the role of the Patient Advisor and can commit time to involvement in Council activities.
- I understand that my application does not guarantee me a position as a Patient Advisor.
- I understand that I can withdraw my application at any time.
- I understand that if selected to become a Patient Advisor, I will be required to complete the orientation process including, but not limited to, providing a Police Clearance, undergoing a Health Review and attending an orientation session.

Please initial to acknowledge the following:

_____ I hereby certify that all information included in this application form is true and complete.

_____ I give consent to Chatham-Kent Health Alliance to contact the above-mentioned reference in connection with my application for the voluntary position of Patient Advisor.

Name (please print): _____

Signature: _____

Date: _____

If under the age of 18 years of age, we require parental/guardian consent for application.

I understand that my child named in this application wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the Chatham-Kent Health Alliance. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of their position, including regular attendance and adherence to Alliance policies and procedures. I understand they will not receive monetary compensation for their services contributed.

Parent/Guardian Name (please print): _____

Relationship to Minor: _____

Signature: _____