



**Expression of Interest Form
NHH Patient and Family Advisory Council
(PFAC)**

Please return your completed application form using one of the following methods:

Email: info@nhh.ca

Fax: 905-372-4243

Mail: VP, Patient Experience, Public Affairs and Strategic Partnership,
Northumberland Hills Hospital, 1000 DePalma Drive, Cobourg, ON, K9A 5W6

Drop-off: Sealed envelopes only, please, accepted at the Main Entrance Inquiry
Desk, NHH weekdays between 7:00AM to 4:00 PM, to the attention of the
office of the VP, Patient Experience, Public Affairs and Strategic
Partnerships.

Please note there may be a risk when sending confidential information over an email system. If you have concerns about your privacy when using email. Please mail or fax the document. If you have privacy-related question about this form and/or the hospital's use of the information it is gathering, please contact our Chief Privacy Officer at 905-377-7759 or (via email) privacy@nhh.ca.

Thank you for your interest in this volunteer opportunity! Are you over the age of 18? Have you been a patient at NHH, or the family member/caregiver of an NHH patient, in the past three years? Would you or those who know you describe you as having the following three characteristics, considered essential for effective advisors?

- ✓ Objective and open-minded when considering perspective of others, and able to think beyond your own personal experience.
- ✓ Comfortable asking for clarification if you need it and sharing your opinions.
- ✓ Respectful of the opinions of others.

If you cannot answer YES to all the questions above, the PFAC Partner role may not be for you. If you answer YES, please proceed!

Name: _____

Contact Information:

Address:			
City:		Postal Code:	
Telephone:		Cell Phone:	
Email:			

Preferred method of contact

- Telephone Cell Phone Email

Have you been a:

- Patient at NHH (within the past 3 years)
 Family member of a patient at NHH (within the past 3 years)
 Caregiver of a patient at NHH (within the past 3 years)

Can you speak and read English?

- Yes No

Other language(s) you speak: _____

The care provided at NHH was primarily as: (Check all that apply)

- An Admitted Patient Emergency Department Patient
 Clinic/ Outpatient Other: _____

Within the last three years, what services have you (or your family member) used? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Ambulatory Care Clinic | <input type="checkbox"/> Intensive Care Unit |
| <input type="checkbox"/> Cancer and Supportive Care | <input type="checkbox"/> Inpatient Units (Medical or Surgical Care) |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Maternal/Child Care |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Inpatient Rehabilitation | <input type="checkbox"/> Restorative Care |
| <input type="checkbox"/> Integrated Stroke Unit | <input type="checkbox"/> Surgical Services |
| <input type="checkbox"/> Other: _____ | |

Would you be comfortable sharing your experience with the Council and/or your assigned project group/committee in order to make improvements?

- Yes No

Why would you like to serve as an NHH Patient and Family Advisory Council Partner?

If you are applying for a specific opportunity on the Patient and Family Advisory Council, tell us a bit about how your experience/interests could be helpful to enhance our work in that area?

Are there any other specific health or hospital-care areas that interest you?

Please specify the time you are able to attend meetings:

Daytime Evening In-person

Are you currently a volunteer at NHH?

Yes No

Have you participated in any NHH community/patient engagement activities in the past?

No Yes (please provide details)
