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)

☐ Ambulatory Care Clinic   ☐ Intensive Care Unit
☐ Cancer and Supportive Care   ☐ Inpatient Units (Medical or Surgical Care)
☐ Diagnostic Imaging   ☐ Maternal/Child Care
☐ Dialysis   ☐ Mental Health
☐ Emergency Department   ☐ Palliative Care
☐ Inpatient Rehabilitation   ☐ Restorative Care
☐ Integrated Stroke Unit   ☐ Surgical Services
☐ 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)
Are you currently or have you ever been involved in a legal challenge between you/your family and a hospital:
☐ No       ☐ Yes (please provide details)
_____________________________________________________________________________________
_____________________________________________________________________________________  

How did you hear about this opportunity?
☐ Website (if so, which one?) ________________________________
☐ Local online newspaper
☐ Local radio
☐ Social media (if so, which platform?) ________________________________
☐ Personal recommendation

Please confirm that you understand each of the following:
☐ I understand that submitting this application and/or being interviewed does not guarantee a position as an NHH PFAC Partner.

☐ I understand that, prior to beginning as a PFAC Partner I would be required to submit the results of a criminal record check (CRC) with the appropriate vulnerable sector search (18+ years old), sign an NHH Confidentiality Agreement and personal pledge to support the NHH Values of Integrity, Quality, Respect, Teamwork and Compassion.

☐ I understand that, as a PFAC Partner, I would be accountable to NHH and the Patient and Family Advisory Council.

I declare the above information to be true and complete to the best of my knowledge. I understand that a false statement may disqualify me or lead to my dismissal.

Signature: ___________________________   Date: ___________________________

Thank you again for your interest in becoming an NHH PFAC Partner and for taking the time to complete this application. We will confirm receipt and be in touch shortly should you be selected for an interview.