



Patient & Family Advisory Committee Application

Name:

Address:

Telephone Number:

1. Please tell us a bit about yourself and your interest in being a member of the Patient and Family Advisory Committee.

2. Tell us a little bit about your (or your family member's) experience at Carleton Place & District Memorial Hospital?

3. What are some suggestions you have for improvement?

4. The role of a Patient and Family Advisor requires the ability to share your personal experiences in ways that will help foster change and improvements. What qualities do you see in yourself that would help you in fulfilling this part of the advisor role?

5. Describe a group that you were a member of, and tell us why you think the group worked well together. What was your role on the team? What was your contribution?

6. The Advisory Committee expects to meet quarterly. Do you foresee any potential challenges, such as attendance at meetings or conflicts of interest, for participating on this committee?

When are you most available to attend the meetings? (please check)

Days (8am – 4pm) or Evenings (6pm – 9pm)

7. Do you have any questions for us?

8. Any additional information you would like to add to your application?

REPLY METHODS

A) Hit the **“submit”** button to forward your application to the Hospital.

B) **Mail the completed application to:**

Angie Kelly, Administration
Carleton Place & District Memorial Hospital
211 Lake Avenue East,
Carleton Place, Ontario
K7C 1J4

C) **Email scanned copy to akelly@carletonplacehosp.com**