



# Joint Patient and Family Advisory Committee

## Application Form



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

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

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3. What are some suggestions you have for improvement?

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4. The role of a Joint 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?

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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?

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

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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?

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

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9. Contact Information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

**Mail the completed application to:**

Joint Patient & Family Advisory Committee  
Almonte General Hospital  
75 Spring Street,  
Almonte, Ontario K0A 1A0

Attention: Cindy Skebo, Administration  
or email: [info@agh-fvm.com](mailto:info@agh-fvm.com)