



# Patient Family Advisory Committee (PFAC) Application Form

## Hornepayne Community Hospital

Thank you for your interest in becoming a Patient and Family Advisor. Our PFAC is composed of former patients, family members, and community members who work alongside hospital staff to enhance the patient experience and ensure the highest standards of care.

### Part 1: Contact Information

Name:

Address:

City/Town:

Postal Code:

Phone (Home/Cell):

Email:

### Part 2: Your Experience

**1. Please check your relationship with Hornepayne Community Hospital:**

- Former Patient
- Family Member/Caregiver of a Patient
- Community Member

**2. Which area(s) of the hospital have you or your family used in the past 3-5 years?**

**(Check all that apply):**

- Emergency Department
- Inpatient Care (Acute/Long Term Care)
- Outpatient Services (Lab/X-ray)
- Clinic
- Other:

### Part 3: Interest and Skills

3. Why are you interested in becoming a Patient and Family Advisor?



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4. Please describe any previous experience you have serving on committees or volunteering in the community:

5. Are you comfortable sharing your ideas and experiences in a group setting?

- Yes
- No

6. Areas of Interest (Please check the projects that interest you most):

- Planning for the in-patient or out-patient experience
- Hospital projects (facility design and signage)
- Patient safety
- Discharge planning and transitions to home care
- Strategic Planning
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## Part 4: Commitment

- **Availability:** Meetings are typically held once every 3 months.
- **Term:** Are you able to commit to a 1 to 2-year term?  Yes  No
- **Time:** Are you able to commit approximately 1 hour per month?  Yes  No

## Part 5: References

Please provide the names and contact information of two references (non-family members):

1. **Name:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_

Disclaimer and Signature

- I understand that submitting this application does not guarantee a position on the PFAC.
- I understand that this is a volunteer role and does not lead to employment at the hospital.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit form to Linda Kozlowski at [linda.kozlowski@hpch.ca](mailto:linda.kozlowski@hpch.ca)