PRHC
Peterborough Regional Health Centre

PATIENT & FAMILY PARTNER APPLICATION

To be eligible to be a Patient & Family Partner (PFP), you or a family member must have had received care at Peterborough Regional Health Centre (PRHC) in the last five (5) years. (this can include an inpatient stay, outpatient clinic visit, getting imaging done etc)

Have you or your family member received care at Peterborough Regional Health Centre (PRHC) within the last five (5) years? ◯ Yes ◯ No If yes, continue with application.

Name:	Date of Birth:	Current or previous PRHC employee? ◯ Yes ◯ No
Street Address:	City:	Postal Code:
E-Mail Address:	Phone Number(s):	Preferred Contact Method: ◯ Phone ◯ Email

How did you hear about the Patient & Family Partner (PFP) program?

How would you like to be involved? Please check (or **Bold**) all interest areas:

- ☐ I would like to contribute **virtually** (by telephone or by email, for example, completing surveys or reviewing documents)
- ☐ I would like to attend **in-person or virtually** meetings to provide input on matters which affect the patient and family experience
- ☐ I would like to serve as a member of the Patient & Family Experience Steering Committee (PFESC). Potential PFESC members should be ready **meet in-person or virtually** for an hour monthly, and to commit to serving for at least 1 to 2 years.

Other (please describe):

Describe any skills, experience or training that you feel will be an asset in the role of being a Patient & Family Partner:

At PRHC, I have been a: ◯ Patient ◯ Family member/Care Partner of a patient

Within the past two years, what care services have you or your family member used that you wish to provide your input on? (For example: Emergency, Cancer Care, Diagnostic Imaging, Intensive Care (ICU), Palliative, etc)

PRHC
Peterborough Regional Health Centre

PRHC is committed to promoting equity, diversity and inclusion. Do you identify with any of the following statements? Please select all that apply.

- ☐ Do not wish to answer/Not Applicable

- ☐ I was born outside of Canada
- ☐ I am of Indigenous descent (First Nations/Inuit/Métis)
- ☐ I am a visible minority
- ☐ I identify as a member of the LGBTQ2S+ community
- ☐ I have experienced homelessness or housing insecurity
- ☐ I am working full-time
- ☐ I have dependents living in my house
- ☐ I have experienced addiction myself or as a close family member/friend living with addiction
- ☐ English is not my first language
- ☐ I am living with a disability and/or chronic illness

We recognize that all patients and family members have diverse experiences. If there are other comments you wish to provide regarding your experiences, please outline them below:

Please indicate times that you would be available for meetings (if applicable).

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning	○	○	○	○	○	○	○
Afternoon	○	○	○	○	○	○	○
Evening	○	○	○	○	○	○	○

Do you have any physical limitations, special needs, dietary preferences or allergies we should know about?
○Yes ○No If yes, please list: _____

ALL INFORMATION IS CONFIDENTIAL

I hereby certify that all information included in this application is true and complete.

Applicant's Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

Volunteer Services. Email volunteers@prhc.on.ca
Peterborough Regional Health Centre, 1 Hospital Dr., Peterborough, ON, K9J 7C6
Telephone: (705) 743-2121 x5066