

**HGMH Patient & Family Advisory Committee (PFAC)
Application Form**

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|---|----------------|
| NAME (First & Last): | |
| ADDRESS: | |
| PHONE (Home): | (cell): |
| E-MAIL: | |
| PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail | |

If you require assistance with this application, please contact info@hgmh.on.ca.

1. How did you hear about the HGMH PFAC?

2. What is your understanding of the role of the PFAC within the hospital?

3. What assets/skills do you feel you can contribute to PFAC?

4. What areas of interest do you have at the hospital?

Quality Ethics

5. Why do you wish to be considered for a PFAC role at HGMH?

6. Are you able to dedicate approximately three hours per month (excluding summer) to PFAC? Yes No

7. Are you available for meetings during the day? Yes No

8. Do you have the technology to join meetings virtually? Yes No

9. Are you available for in-person meetings? Yes No

Eligibility Criteria & Commitment Expectations

- I am at least 18 years of age
- I will fulfill the requirements and responsibilities as outlined in the Patient and Family Advisory Committee (PFAC) Terms of Reference
- I understand that, upon acceptance into this advisory position, HGMH requires that I submit the results of a criminal reference check for the vulnerable sector.
- I understand that prior to beginning as an advisor, I must first sign a confidentiality agreement and the Code of Conduct.
- I agree to abide by the Mission, Vision, and Values of HGMH
- I understand that submitting this application does not guarantee a position on the Patient & Family Advisory Committee

Submission of this Application may be made by mail, e-mail or fax

Mail: Hôpital Glengarry Memorial Hospital
20260 County Road 43
Alexandria Ontario
K0C 1A0

E-mail: info@hgmh.on.ca

Fax : 613-525-5673