

**Greater Hamilton Health Network
Patient, Family, and Care Partner (PFAC) Leadership Network
APPLICATION FORM for PATIENT ADVISORS**

DEADLINE FOR APPLICATIONS IS

November 26, 2021

Information in this form will be used solely to inform the application process. No information will be released publicly without applicant's approval.

1. Candidate

Name: _____

Contact Telephone Number. _____

Email: _____

Geographical location: Hamilton Haldimand Niagara Northwest

2. The PFAC Leadership Network is committed to being reflective and inclusive, which of the identified diversities, if any, do you have lived experience of?

- Indigenous
- Francophone
- Racialized
- Immigrant or Refugees
- 2SLGBTQ+
- Person living with a disability
- Person who is/was living in poverty,
- Person who has/had mental health challenges
- Person who is/was socially isolated
- People who is/was using drugs
- Rural
- Other
- N/A

3. The PFAC Leadership Network is committed to gender diversity. Please indicate how you identify:

Gender _____

4. What area of healthcare do you have experience with:

- Primary Care (family doctor, nurse practitioner, midwifery, etc)
- Public Health (prenatal, smoking cessation, sexual health clinic, etc)
- Community Sector (Community Healthcare Centres, YWCA, Mission Services etc.)
- Mental Health and Addictions
- Home and Community Care (LHIN, Community and Home and Community Care Support Services)
- Long term care
- Hospital
- Crisis Services
- Patient Advocate
- Other _____

5. What area of work would you most like to support?

- a. Digital Health
- b. Congregate Care
- c. Women experiencing Homelessness
- d. Engagement
- e. Executive Council
- f. Primary Care
- g. I would like to be available for project specific opportunities, surveys, focus groups
- h. Other: _____

6. Letter of Interest

Please complete the Letter of Interest by answering the following questions in the form provided below:

1. What inspired you to apply for this position?
2. We all bring unique experiences, gifts and talents, what are you hoping to bring to this position and what difference would you like to see happen in the healthcare system?
3. Why is it important for healthcare to work with patients and people with lived experience to develop healthcare?



- Enclosed:**
- Completed Application Form**
 - Letter of Interest (maximum 250 words per question, can be point form)**

If you are interested and this expression of interest form and but the application is a barrier, we want to hear from you, and would love to set up a call to discuss your involvement. We would like to reduce any barriers to applying and look forward to speaking with you.

DEADLINE FOR SUBMISSIONS IS NOVEMBER 26, 2021

Send in confidence to Sarah Precious, sarah.precious@ghhn.ca

**Greater Hamilton Health Network
Patient, Family and Care Partner Leadership Network
Letter of Interest**

For each of the following questions, please provide an answer of no more than 250 words per question. The Review Committee will review and score each of your answers using an anonymized process. They will not know your name or the organization you are from. This is to enable evaluation on your responses and will reduce any bias.

1. What inspired you to apply for this position?

2. We all bring unique experiences, gifts and talents, what are you hoping to bring to this position and what difference would you like to see happen in the healthcare system?

3. Why is it important for healthcare to work with patients and people with lived experience to develop healthcare?

4. Additional comments:

Email the completed application package to Sarah Precious, sarah.precious@ghhn.ca