

Patient Advisor Application Form

Please complete this form. This document can be provided in large print format and/or reviewed in person upon request. This information will remain confidential.

Name:

Address, including postal code:

Telephone Number (day and evening):

Email address:

- 1. Have you been a patient or have you accompanied a family member in one of the CIUSSS West-Central Montreal establishment* for care in the past five (5) years?**

Yes

No

- 2. Please list the areas of the CIUSSS West-Central Montreal you have been to as a patient or family member within the past five years? (e.g. Emergency Department, Segal Cancer Centre, Herzl Family Practice Centre, in-patient surgical care unit, in-patient medical care unit, Hemodialysis, orthopedic clinic, eye clinic, etc.)**
- 3. Please tell us about your experiences.**
- 4. Please tell us one or two things that worked well as a patient or family member.**

5. Please tell us one or two things that we could improve from your perspective as a patient or family member.

a. When considering your answer to question 5, what would you recommend to improve the situation?

6. Why are you interested in becoming a patient advisor?

7. What contributions will you bring to the role of patient advisors?

8. If selected, are you able to commit to this role for at least one year?

Yes

No

a. Are you planning any prolonged absences from Montreal this year (i.e. travel south during winter)? If so, please indicate the anticipated time-frame during which you will be away (this does not automatically disqualify you from consideration).

9. Please check one or more time(s) of day that is/are best for you to participate in activities or meetings:

Morning

Afternoon

Evening

10. Are there any particular activities that you would prefer to be involved in (i.e. sitting on a quality committee, participating in the Patient Advisory Council, doing public speaking, working on special projects, attending staff orientation, participating in hiring committees, etc.)?

11. We are committed to being accessible. Do you have any special needs that you would like us to be aware of?

12. Would you like to add additional information or comments?

Please sign and date this application form, and return it to:

Milena Marn
Quality Program
Jewish General Hospital
3755 Cote Sainte-Catherine Road, room A-924
Montreal, QC H3T 1E2
514-340-8222 x 3928
mmarn@jgh.mcgill.ca

Applicants who are selected for an interview will normally be contacted within 30 days of submission of the application form.

I, the undersigned, understand that by submitting an application form and/or being selected for an interview do not guarantee me a position as Patient Advisor.

Signature:

Date:

Adapted from:
Institute for Patient & Family-Centered Care
Hotel Dieu Hospital, Kingston, Ont.

*The establishments of CIUSSS West-Central Montral are : Donald Berman Maimonides Geriatric Centre, Father-Dowd Residential Centre, Henri-Bradet Residential Centre, Saint Andrew Residential Centre, Saint Margaret Residential Centre, Miriam Home and Services, Constance-Lethbridge Rehabilitation Centre, MAB-Mackay Rehabilitation Centre, Jewish Eldercare Centre, CLSC de Benny Farm, CLSC de Côte-des-Neiges, CLSC Métro, CLSC de Parc-Extension, CLSC René-Cassin, Catherine Booth Hospital, Jewish General Hospital, Mount Sinai Hospital Centre, Richardson Hospital, Info-Santé Montréal Regional Services