

**Schulich Surgery Patient and Family Advisory Council**  
**Patient and Family Application Form**

Thank you for your interest in the Schulich Surgery Patient and Family Advisory Council. We appreciate you taking a moment to tell us about yourself:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Province/Postal Code:** \_\_\_\_\_

**Phone Numbers - Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**(1) Please tell us about how you are connected to Schulich Heart Centre:**

- I am a patient
- I am a family member of a patient
- Other \_\_\_\_\_

**(2) How did you find out about the Schulich Surgery Patient and Family Advisory Council?**

- Staff Member
- Information card (you may have seen this on the Unit)
- Other \_\_\_\_\_

**(3) The Patient and Family Advisory role is a volunteer role. Please tell us what main activities you think your role, as an Advisor would involve and what you'd like to accomplish?**

**(4) Please share information about any special interests, training or hobbies that you think might contribute to your role as an Advisor?**

**(5) Are you currently a member or have you been a member of other, similar types of advisory council(s)? If yes, would you tell us more?**

- Yes
- No

**More about other relevant current or prior roles:**

**(6) We would like to meet with you for an interview. When best might you be available?**

**Please check 3 options of 'day and time of day':**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.