

St. John's Rehab Patient and Family Advisory Council Application

Thank you for your interest in the St. John's Rehab 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 St. John's Rehab:

- ☐ I am a patient
- ☐ I am a family member of a patient
- ☐ Other _____

(2) How did you find out about the St. John's Rehab 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':

Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.