



# Patient and Family Advisory Council

## Expression of Interest

Thank you for your interest in joining our Patient and Family Advisory Council. To help us in the process of responding to you, please complete the following questions. Once we review your answers, someone will be in touch with you.

1. Please tell us a bit about yourself and your interest in being a member of the Patient and Family Advisory Council.

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2. Tell us a little bit about you (or your family members) experience at one or more of our partners: St. Francis Memorial Hospital; Barry's Bay and Area Seniors Home Support; Madawaska Valley Hospice Palliative Care.

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3. What are some suggestions you have for improvement in the care and services our partners provide?

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4. The role of a Patient and Family Advisor requires the ability to share your personal experiences in ways that will help foster change and improvements. What qualities do you see in yourself that would help you in fulfilling this part of the advisor role?

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5. If you have been a member of a committee group before, please tell us about your role, what worked well and any other experiences that would benefit your participation on the PFAC committee.

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6. The Advisory Council expects to meet for 2 hours every second month starting at 10:00am. Do you foresee any potential challenges, such as attendance at meetings or conflicts of interest, for participating on this Council?

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7. Do you have any questions for us?

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8. Is there any additional information you would like to add to your application?

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9. Contact Information:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Best time to contact: \_\_\_\_\_

***Please email or mail the completed application to:***

St. Francis Memorial Hospital

7 St. Francis Memorial Drive

PO Box 129

Barry's Bay, ON K0J 1B0

C/O Melanie Budarick Administrative Assistant

**OR**

Melanie Budarick,

Administrative Assistant

[mbudarick@sfmhosp.com](mailto:mbudarick@sfmhosp.com)