Person-and Family-Centered Care

PFCC Advisor Expression of Interest

ADVISOR CONTACT INFORMATION		
Last Name:	First Name:	Middle Name:
Date of Birth (optional) (dd/month/yyyy):		
Address City/town Province Postal Code		
Telephone number(s):		
Email:		
Emergency contact and number:		

ADVISOR HISTORY
Indicate what best describes you (select one): ☐ Employed ☐ Retired ☐ Seeking work ☐ Student ☐ Other:
Indicate the highest level of education obtained: ☐ University ☐ Diploma ☐ High school ☐ Other:
Area of study:

AVAILABILITY
How long are you able to commit to this committee? (select one): ☐ Short term basis (up to 6 months) ☐ Longer term basis (longer than 6 months) ☐ Other – please describe:

INTEREST & ABILITIES
Do you have any specific areas of interest related to the care and services provided by Western Health?
Are there any specific service or program areas that you are interested in being a Person- and Family-Advisor for?

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How did you find out about this Person- and Family-Centered Care opportunity at Western Health?

☐ Media (newspaper, radio, etc.)
☐ Western Health Employee
☐ Referral from Health Care Professional
☐ Western Health Website
☐ Family or Friend
☐ Social Media
☐ Other – please describe:

REFERENCES

Please provide the names and telephone numbers for 2 references:

CONFIRMATION

Please read and check before signing:

☐ I understand that, prior to beginning as an advisor I must sign a confidentiality oath.

Signature: _____ Date (dd/month/yyyy):_____

Please send completed forms to Mariel Parcon, Regional Manager Research and Evaluation at marielparcon@westernhealth.nl.ca