Health PEI
One Island Health System

Volunteer Patient and Family Advisor
Expression of Interest Form

Health PEI would like to extend thanks to you for your expressed interest in considering volunteering with us. Please complete this form and return it to the Engage PEI. You will be contacted to follow-up on your interests and what a suitable role may be.

Mail:
Engage PEI
PO Box 2000
Charlottetown, PEI
C1A 7N8

Drop Off:
Engage PEI
Executive Council Office
5th floor Shaw, centre section
95 Rochford St., Charlottetown

Email: engagepei@gov.pe.ca **Phone:** 902-620-3198 **Fax:** 902-368-6118

If you have any questions please contact Janet Hodder, Director, Quality & Patient Safety at the information listed below:

Email: jphodder@gov.pe.ca **Phone:** 902-368-5815 **Fax:** 902-368-6136

If your interest is stroke related, please contact Ann Millar, Stroke Navigator at the information listed below:

Email: aemillar@ihis.org **Phone:** 902-620-3506 **Fax:** 902-368-6936

Contact Information (Please Print)

First Name: ______________________________ Last Name:____

Street Address: ____

City/Town: ____ Postal Code:_______________________

E-mail Address: ____

Day-time Phone Number: ______________________________

What is the best way to contact you?

- ❑ Phone
- ❑ Email

Version Oct 26, 2017

Experience

1. Please check the box that best describes your experience with the Health Care system:
   - ❑ Patient Currently receiving care
   - ❑ Patient who received care (within 3-5 years)
   - ❑ Family member or caregiver of a patient

   If your experience involves stroke or Transient Ischemic Attack (a “mini stroke” caused by a temporary blood clot), please check this box ☐

2. Please tell us where you or your family member are receiving/received treatment/care:

   - ❑ Queen Elizabeth Hospital
   - ❑ Prince County Hospital
   - ❑ Community Hospital (Specify: ______________________________________)
   - ❑ Cancer Treatment Centre
   - ❑ Provincial Acute Stroke Unit
   - ❑ Provincial Stroke Rehabilitation Unit
   - ❑ Home Care
   - ❑ Long Term Care
   - ❑ Palliative Care
   - ❑ Primary Care
   - ❑ Public Health
   - ❑ Mental Health
   - ❑ Addictions
   - ❑ Other location: ____

3. Please indicate the age range that you belong to:

   ❑ 18-29 ❑ 30-49 ❑ 50-74

   ❑ 75 and Over ❑ Under 18 (parent/guardian consent will be required)

4. Are you comfortable communicating (verbal and written) in English?

   ❑ Yes ❑ No

5. Do you speak any other languages? ____

6. Do you require communication support (i.e. aphasia friendly materials, etc.)?

   ❑ Yes ❑ No

7. A.) Do you have experience as a member of a committee either through paid work or as a volunteer?

   ❑ Yes ❑ No

   B.) If yes, please tell us a bit about the committee(s) and your role (s):

   ____

   ____

   ____

   ____

   ____

   ____

   ____

Patient and Family Advisor Volunteering

8. How did you hear about the volunteer Patient and Family Advisor opportunity?

   ____

9. Please tell us why you are interested in being a volunteer Patient and Family Advisor?

   ____

   ____

   ____

   ____

   ____

10. How do you think your experience (including work, volunteer and experience in the health care system) and skills will help you as Patient and Family Advisor? Please feel free to share specific examples of your experience and/or skills.

   ____

   ____

   ____

   ____

   ____

11. Is there anything else you would like us to know about you that will help us determine what patient and family advisory role you are most suitable for?

____

____

____

____

12. Are there any areas within health care that you are particularly interested in (for example Medical, Surgical, Mental Health, etc.). If your experience relates to stroke/ TIA, please tell us what areas you are particularly interested in (i.e. prevention, treatment & rehabilitation, information & support, returning to the community after discharge, etc.)

____

____

____

13. How long could you commit to participating as a volunteer Patient and Family Advisor?

- ☐ Less than 1 year
- ☐ 2 years
- ☐ 1 year
- ☐ Unsure

14. When are you available to volunteer?

- ☐ Immediately
- ☐ Or Preferred Start Date: ____________________

15. Are you able to participate in activities during weekdays?

- ☐ Yes
- ☐ No

16. Are you able to participate in activities during evenings?

- ☐ Yes
- ☐ No

References: (two required)

Name:	Name:
Contact (Phone &/or Email)	Contact (Phone &/or Email)
Relationship to you:	Relationship to you:

Please return your completed form using the information on page 1.