

3. What are some of the specific things that Children's Hospital's health care professionals do/have done to help you and your family?

4. What are some of the things you would like Children's Hospital health care professionals to do differently or better to help children and families?

5. Is there anything else you would like to share?

All information contained on this form is considered confidential and intended for use by the Family Advisory Council Selection Committee only. You will be contacted upon receipt of this application form to participate in a face-to-face interview.

Please fax this application to 519-685-8103 or return by mail to:

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