Children's Hospital
London Health Sciences Centre

Application Form for Family Advisors

Name: ______________________________ Date: ______________

(Last) (First) (MI) (YYYY/MM/DD)

Address: ____

City: ______________ Prov: ____________ Postal Code: ______________

Email Address: ____

Home Phone: ____________________ Cell Phone: ____________________

What is the best way to contact you and when? ______________________________

The dates of my child's active care experience at Children's include: (Check all that apply)

- ☐ 2011 to present
- ☐ 2007 to 2010
- ☐ 2003 to 2006
- ☐ Before 2003

Within the past three years, what Children's Hospital programs and services has your child used? (Check all that apply)

- ☐ Acquired Brain Injury
- ☐ Bleeding Disorders/Hemophilia
- ☐ Cardiology
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Emergency Room
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Hematology
- ☐ Mental Health
- ☐ Metabolics
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ NICU
- ☐ Oncology
- ☐ Orthopedics/General Surgery
- ☐ PCCU
- ☐ Radiology
- ☐ Rheumatology
- ☐ Respirology
- ☐ Transplant
- ☐ Trauma
- ☐ Other ____________________

Please write brief but descriptive answers to the following questions in the spaces provided.

1. Why would you like to be a Family Advisor at Children's Hospital?

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

3. 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?

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

I would be interested in helping with (Identify all the areas of interest to you):

- ☐ On-going Committees and/or Quality Improvement Councils (every 4-6 weeks)
- ☐ Short-term projects in my area of interest (every week – 2 weeks for a short period of time)
- ☐ Family Advisory Council (every 6 weeks)
- ☐ Parent Hour – sharing your time with other parents whose child is in hospital (every 2 weeks or as you are able)
- ☐ Providing education to physicians and staff about various applications of patient and family centred (upon request)
- ☐ An "actor" for simulation training for physicians and staff (upon request)
- ☐ Telling my story (upon request)
- ☐ E-Advisor – reviewing material and providing feedback from home (1-2 per month)
- ☐ Volunteer in the Paediatric Family Resource Centre (once per month)

How did you hear about the Children's Hospital Family Advisory Program? (Check all that apply)

☐ Poster/Brochure ☐ Hospital Staff ☐ Family/Friends ☐ Website

Applicant's Signature: ______________________________ Date: ____________________
(YYYY/MM/DD)

All information contained on this form is considered confidential and is 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 email, drop off or fax this application to:

Jill Sangha, MSW RSW
Patient & Family-Centred Care Specialist,
Paediatric Family Resource Centre B1-006
Children's Hospital London Health Science Centre
800 Commissioners Road East
London, Ontario N6A 5W9
Tel 519 685-8500 extension 50102
Fax 519-685-8097
PFRC@lhsc.on.ca

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