



# HÔTEL - DIEU GRACE HEALTHCARE

ESTD 1888

## APPLICATION

### Patient & Family Advisory Council (PFAC)

#### Personal Information

Last name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

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

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

\_\_\_\_\_ Mobile: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Business: \_\_\_\_\_

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

Are you over 18?    Yes     No

#### Experience

**Please take a few minutes to complete the following questions that will help us get to know you better.**

**1. Are you a:**

Patient

Caregiver (family member of a patient)

**2. Which program or service did you or your loved one receive at Hôtel-Dieu Grace Healthcare?**

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3. **Why would you like to serve as a patient and family advisor?**
  
  
  
  
  
  
  
  
  
  
4. **We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor each month? (check one)**  
  
Less than one hour per month  
One to two hours per month  
Three to four hours per month  
More than four hours per month
  
5. **As an organization, we strive to host inclusive, accessible events that enable all individuals, including individuals with disabilities, to engage fully. If you have any special needs/considerations/accommodations, please explain below:**

Please email your completed application to: [Patient.Advocate@hdgh.org](mailto:Patient.Advocate@hdgh.org)

Or drop it off to the Patient Advocate  
Hôtel-Dieu Grace Healthcare – Patient Advocate  
2<sup>nd</sup> Floor, Emara Building, Room 1063  
T: 519-257-5111 x 74404  
F: 519-257-5444

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