



HÔTEL-DIEU GRACE HEALTHCARE

ESTD 1888

APPLICATION

Patient & Family Advisory Council (PFAC)

Date: _____

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?

CHANGING LIVES TOGETHER

1453 Prince Rd, Windsor ON, N9C 3Z4 | T:519.257.5111 | www.HDGH.org





HDGH
ESTD 1888

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,

Or drop it off to the Patient Advocate
Hôtel-Dieu Grace Healthcare – Patient Advocate
1st Floor, Tayfour Building, Room 1689
T: 519-257-5111 x 74404

CHANGING LIVES TOGETHER

1453 Prince Rd, Windsor ON, N9C 3Z4 | T:519.257.5111 | www.HDGH.org

