

Western York Region OHT Patient and Family Advisory Council

Application Form

Thank you for your interest in participating in the Western York Region OHT as a Patient and Family Advisory. All information contained on this form is considered confidential and is intended for the purpose of selection and placement related to the Patient and Family Advisory Council opportunities only.

Full name: _____ City: _____

Phone: _____ Email: _____

What is the best way to contact you? ☐ Phone ☐ Email ☐ Both

What is the best time of day to contact you? _____

Have you, your family or someone you provide care for, received services from a health care provider in Western York Region (King, Vaughan or Richmond Hill) within the past 2 years? ☐ Yes ☐ No

Please tell us why you are interested in joining as a Patient and Family Advisor for the Western York Region OHT.

Please share any additional information you would like us to know.

☐ I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient and Family Advisor for the Western York Region OHT.

☐ I understand that prior to joining as a Patient and Family Advisory for the Western York Region OHT, I am required to complete and submit a Vulnerable Sector Screening Check (VSSC) Report and demonstrate a satisfactory result.

☐ I understand that as a condition of representing the Western York Region OHT as a Patient and Family Advisor, I am required to submit proof of full COVID-19 vaccination.

Please email a completed copy of this form to Maria.Grant@mackenziehealth.ca