



Patient and Family Advisory Committee

Expression of Interest

1. Please tell us a bit about yourself and your interest in being a member of the Patient and Family Advisory Committee.

2. Tell us a little bit about your (or your family member's) experience at the Almonte General Hospital and/or Carleton Place and District Memorial Hospital?

3. If you serve on the patient advisory committee, what ideas do you have to bring forward to improve the patient or family experience based on your experience at one of the hospitals, from healthcare or from the community?

4. The role of a Patient and Family Advisor requires the ability to share your personal experiences in ways that will help foster change and improvements. What qualities do you see in yourself that would help you in fulfilling this part of the advisor role?

5. Describe a group that you were a member of, and tell us why you think the group worked well together. What was your role on the team? What was your contribution?

6. The Advisory Committee expects to meet every second month. Do you foresee any potential challenges, such as attendance at meetings or conflicts of interest, for participating on this committee?
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When are you most available to attend the meetings? (Please check)

days (8am – 4pm) or evenings (6pm – 9pm)

7. Do you have any questions for us?
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8. Any additional information you would like to add to your application?
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9. Contact Information:

Name:

Home Phone: _____

Cell Phone: _____

Address:

Email Address:

Best time to contact:

Please return via email to pfac@agh-fvm.com

OR Mail the completed application to:

Almonte General Hospital
75 Spring Street,
Almonte, Ontario K0A 1A0

Attention: Cindy Skebo, Administration cskebo@agh-fvm.com