**KHSC Patient Experience Advisor Application Form**

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| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Street Address:** |  |
| **City/Postal Code:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Emergency Contact**  **Information and Relationship:** |  |

**Office Use Date Completed**

* Data Entry:
* Interview
* Reference check
* CRC
* Immunization
* TB Placement:
* Training Arranged
* Computer Access Yes No
* Access Form Yes No
* Confid. Form
* ID Form
* Orientation

## In the past 3 years have you or your family used the services of Kingston Health Sciences Centre? Yes No

Why would you like to serve as an advisor?

What are some issues of special interest to you?

Do you have any gifts or talents that would be advantageous?

Some hospital meetings take place at 7 A.M. or 7 P.M. Most happen somewhere in between. Please specify the times when you are able to attend meetings:

Daytime between and Evenings between and

I would be interested in helping with: (you may check more than one box)

Reviewing patient and family satisfaction surveys

Developing/Reviewing patient/family educational materials and website resources Planning for the out-patient experience

Planning for the inpatient care experience

Planning for the emergency care experience

Ensuring patient safety and the prevention of medical errors

Educating medical students and residents, new employees and other staff about the experience of care and effective communication and support

Improving the coordination of care, discharge planning and the transition to home and community care

Developing the uses for information technology, including electronic medical records

Urgent Care Centre

Pediatrics Oncology

Obstetrics/Gynecology

Mental Health Medicine Surgery

Renal Services

Emergency Cardiology Critical Care Hiring Interviews

Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please read and check before signing:

* I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient Experience Advisor.
* I understand that, upon acceptance into an advisory position, KHSC requires that I submit the results of a criminal reference check with the vulnerable sector search (18+ years old). More details are provided at the acceptance stage.
* I understand that prior to beginning as an advisor I must sign a confidentiality agreement.
* I understand that as an advisor I will be accountable to KHSC Lead for Patient- and Family-

Centred Care

**Please provide the names and contact information of two references who are not related to you.**

Applicant’s Signature: Date: Print Name: **If applicant is under the age of 16, parent/guardian signature is required.**

# Parent/Guardian Signature Date

## Applicants who are selected for an interview will normally be contacted within 30 days of submission of the application form.

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*Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of Patient Experience Advisor* *selection and placement at KHSC. We will not share this information otherwise without permission from the applicant / guardian.*