



Application Patient/Family Partner IWK Health Centre

Thank you for your interest in becoming a Patient/Family Partner for the IWK Health Centre. This application is an opportunity for us to get to know you and your family, if applicable, as well as a little about your experiences.

Requirements for this Role

Membership requires your successful completion of a sit down/phone interview, registration with IWK Volunteer Resources including a criminal background check, the ability to commit to orientation time (approximately 2 hours), and whatever projects and/or working groups you take on. All of your information provided here will be treated as confidential.

Date:

Name:

Mailing Address:

Telephone: *Please indicate your preferred phone numbers*

Home:

Work:

Cell:

Email Address:

Next of Kin:

Name:

Cell:

Work:

Email:

Relationship:

1. Are you a patient/family member who has experienced care or services from the IWK Health Centre?
Yes No

2. If you are a family member, what is your relationship to the patient? (I.e. parent, guardian, grandparent, sibling, close friend, etc.)

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3. What medical conditions have you or your loved one faced? What services have you or your family used from the IWK Health Centre?

4. Why would you like to be a Patient/Family Partner with IWK?

5. There are a variety of ways you can contribute your time to the IWK as a Patient/Family Partner. Please indicate below all that apply:

- Physically attending committee meetings at the IWK
- Having your name added to a Patient/Family Partner email distribution list (The Exchange)
- Facebook

6. What areas of concern would you like to see the IWK address?

7. If you were talking to a group of administrators, doctors, nurses and others who work at the IWK, how would you describe a “day in the life” of a patient and their family, in terms of your medical needs? Think about the things you would want them to know so that they see you and your family’s world outside the hospital and its clinics.

8. What are some of the specific things that health care professionals do to help you and your family? What are some of the things you’d like health care professionals to do differently to better help your family?

9. Please share some examples of organizations or committees you have been a part of and some examples of teaching or public speaking you have done. (These examples may be from your work or community, such as teaching Sunday school, or leading a meeting.) These skills are by no means a requirement, but are helpful if you wish to participate on Health Centre committees.

10. We believe the IWK Health Centre should reflect the cultural and social diversity of patients and families who use IWK care and services. In light of this, please share anything about yourself that you think would add to the diversity of our Hospital. You might consider your diversity to be: ethnic, racial, spiritual, economic, educational, geographic, gender, sexual orientation, unique family structure, disability-related, chronic illness, single parent, full-time parent.

11. Is there a staff member at the IWK who knows you/your family who could provide a recommendation for you? If you would like to provide additional references, please feel free to attach.

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**Thank you for your time and interest.
Please return this completed application to:**

Email: pfcc@iwk.nshealth.ca

Mail:

Theresa Rogers
IWK Health Centre
(Charter Place Location, Ste. 502)
PO Box 9700
Halifax, NS
B3K 6R8

The IWK aspires to deliver an exceptional experience by engaging patients and families as partners in co-creating care delivery and future models of care.

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