



APPLICATION



Do you have experience as a patient at the IWK?

Do you want doctors, nurses, the CEO, and other staff to know what it is like to be a patient?

What could we be doing to improve care and services for Youth at the IWK?

Do you want to share your ideas, work with us, and make a difference for other Youth at the IWK?

WHO CAN APPLY

Youth with patient experience (Inpatient or clinic), ages 13-18 years old and from anywhere in the Maritimes. We are made up of current and former patients and siblings.

What makes you unique makes you great for YAC! It means you have a new and different perspective, and that is what we are all about.

THE PROCESS

Talk to your parent/guardian to decide if you will be able to make the commitment to attend Office Hours once a month after school (Thursdays), occasional Retreats, and participate in projects. We can call you virtually if you do not live near by!

Apply: fill out this application and send it in (address at bottom) or send it by email to: yac@iwk.nshealth.ca

We will contact you to come in and meet with YAC. You will get to talk about yourself and why you want to be a YAC member.

Name _____ Phone number you use the most _____
Address _____ Age and Birthday _____ Email _____
you use the most _____
Emergency contact and phone number _____

I am able to attend Office Hours once a month (third Thursday of the month) and participate in some projects. **Yes No Not sure**

I am willing to share my thoughts and ideas about the hospital with the other group members. **Yes No Not sure**

I am willing to advocate on behalf of other youth at the IWK **Yes No Not sure**

Why I want to be a part of YAC: _____

Send applications to YAC c/o Child Life Services 2nd Floor IWK Health Centre, 5850/5980 University Avenue, Halifax, Nova Scotia B3K6R8 or send to: Alexandra Basso at yac@iwk.nshealth.ca



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