

Patient/Family Advisor Application Form

Or, apply online at www.nshealth.ca/PFA

Please provide your contact information below.

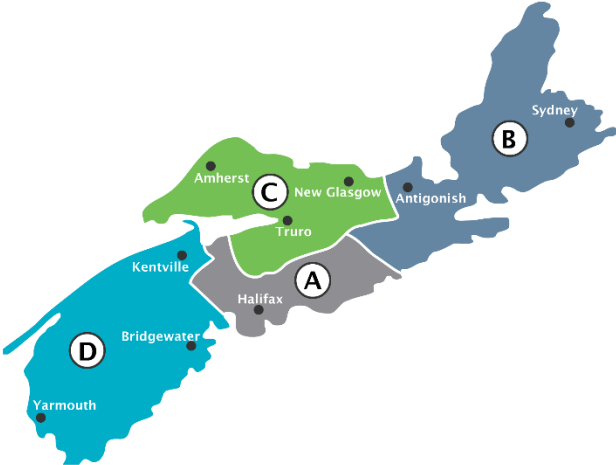
First and Last Name: _____	Mailing Address: _____
Phone Number: _____	_____
Email Address: _____	_____

NSHA = Nova Scotia Health Authority

Please check "Yes" or "No" for these four questions.

	Yes	No
Do you have experience as a patient, family member or caregiver with any health care service within NSHA in the past 12 months?		
Are you currently an employee of NSHA?		
Are you currently an elected official?		
Are you currently a member of any Community Health Board, or hospital Foundation within Nova Scotia?		

Where did you gain most of your experience as a patient, family member, or caregiver?

	<input checked="" type="checkbox"/>	Please check only one location.
	<input type="checkbox"/>	A Halifax Regional Municipality, Eastern Shore, or West Hants areas
	<input type="checkbox"/>	B Cape Breton, Antigonish, or Guysborough areas
	<input type="checkbox"/>	C Colchester, Cumberland, or Pictou County areas
	<input type="checkbox"/>	D South West, South Shore, or Annapolis Valley areas

Which health service(s) have you had experience with as a patient, family member or caregiver?

Examples include: "Emergency Department", "Surgical Care", "Intensive Care", "Laboratory"....

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Please tell us why you want to become a Patient/Family Advisor in a letter attached to this application form.

Please mail your completed application form, letter and resume to:

Patient Family Advisor Recruitment, Quality Improvement & Safety
 Cape Breton Regional Hospital
 1482 George Street, Sydney NS, B1P 1P3

Thank you for your application! All applications will be screened.
 Only those selected for an interview will be contacted.