Application form

Patient, Family and Elder Advisors

Weeneebayko Area Health Authority
ᐧᐃᓂᐯᑯ ᐃᑌᕐᑲᒥ
ᒥᓄᐱᒪᑎᓯᐧᐃ ᐅᑭᒪᐧᐃᐧᐃᓂᐨ

Full name (first and last):	
Street address:	Cell phone:
	Home phone:
City:	Postal code:
Email:	
Preferred contact method: Home phone ◯ Cell phone ◯ Email ◯	
Language(s) you speak:	Member of:
How many years have you lived in the James Bay and Hudson Bay region:	
In the past five years, have you or a family member accessed healthcare services in our region? Yes ◯ No ◯	
Which of the following best describes you? • Patient or former patient ☐ • Family member/friend of patient or former patient ☐ • Caregiver of patient or former patient ☐ • Recognized Elder ☐	
Which parts of the health care system do you, your family, or the person you care for have experience with? Check all that apply. • Emergency Department ☐ • Primary Care ☐ • Mental Health and Addictions ☐ • Non-Insured Health Benefits (NIHB) ☐ • Dental ☐ • Diabetes ☐ • Other (please describe): • Telemedicine ☐ • Specialty Clinics ☐ • Paramedicine ☐ • Hospice/Palliative Care ☐ • Long-Term Care ☐ • Hospital ☐	
Briefly describe your experience within WAHA (do not share personal health information).	

Briefly describe why you want to become a Patient, Family and Elder Advisor.
Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes ◯ No ◯

Please mail or email this application form to:

Quality and Patient Safety Department
Weeneebayko Area Health Authority
19 Hospital Drive, Box 664
Moose Factory, ON P0L 1W0

patient.experience@waha.ca

Contact us if you have any questions at 705 658-4544, ext. 2012 or at patient.experience@waha.ca.

Note: Personal information provided in this form is collected for operational and organizational purposes and held in strict confidence. This information will determine the compatibility of the volunteer's needs and interests with WAHA. Telephone numbers and e-mail addresses provided by volunteers may be shared with WAHA staff to contact them.

- I understand that the Advisor position is a volunteer position, WAHA does not offer employment positions for council or committee members.
- I declare the above information to be true and complete to the best of my knowledge. I understand that a false statement may disqualify me or lead to my dismissal.

Signature	Date