

Client and Family Partner Application Form

Name (First and Last): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Preferred contact (circle one): **Home phone** **Cell phone** **Email**

Do you consent to sharing your contact information with Baycrest and the Client and Family Partner Committee Chair for a brief telephone interview, if necessary - Yes No

The following questions will allow us to begin to get to know you.

1. Why do you want to become a Client and Family Partner?

2. Are you a...

- Patient/Resident
- Family member of a patient/resident
- Live in the Community

3. When was your care experience at this hospital? (Check all that apply.)

- 2022 to current year
- 2021
- 2020
- 2019 or before

4. What language(s) do you speak? _____

5. Have you volunteered at Baycrest in any capacity within the past two years?

Yes _____

No

6. We recognize that our Client and Family Partners have busy lives. How much time are you able to commit to being a client and family partner? (Check one)

Less than 5 hours per month

Up to 10 hours per month

5 to 8 hours per month

More than 10 hours per month

7. Are you available to serve as a Partner for at least 2 years?

(You can still be considered to become a Partner if you answer "no.")

Yes

No

8. How would you like to help? I want to: (Check all your interest areas)

Help develop or review informational materials for clients and family members.

Review and provide input to improve Baycrest policies and procedures.

Help improve patient safety.

Other areas of expertise and interest (please describe):

Help improve the client and family role in care decision making.

Help improve the hospital facilities/design.

Help recruit and orientate hospital staff and clinicians.

Please tell us about yourself.

9. What are your skills/experience/interest:

10. To the extent possible, our Client and Family Partners will reflect the diversity of the clients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of partners.

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 Client Family Partners selection and placement at Baycrest. We will not share this information otherwise without permission from the applicant / guardian.

Thank you for your interest in making Baycrest the best it can be

Please return this form to:

Client Relations & Experience Office
Baycrest, IR 26-A
Tel: (416) 785-2500 ext. 6843
clientrelations@baycrest.org