

**KGH Patient Experience Advisor
Application Form**

Office Use	Date Completed
<input type="checkbox"/> Data Entry:	_____
<input type="checkbox"/> Interview	_____
<input type="checkbox"/> Reference check	_____
<input type="checkbox"/> CRC	_____
<input type="checkbox"/> Immunization	_____
<input type="checkbox"/> TB	_____
Placement: _____	
<input type="checkbox"/> Training Arranged	_____
<input type="checkbox"/> Computer Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Access Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Confid. Form	_____
<input type="checkbox"/> ID Form	_____
<input type="checkbox"/> Orientation	_____

Date:	
Name:	
Street Address:	
City/Postal Code:	
Telephone:	
Email:	
Emergency Contact Information and Relationship:	

In the past 3 years have you or your family used the services of Kingston General Hospital?

Yes

No

Why would you like to serve as an advisor?

What are some issues of special interest to you?

Do you have any gifts or talents that would be advantageous?

Some hospital meetings take place at 7 A.M. or 7 P.M. Most happen somewhere in between. Please specify the times when you are able to attend meetings:

Daytime between _____ and _____

Evenings between _____ and _____

I would be interested in helping with: (you may check more than one box)

- Reviewing patient and family satisfaction surveys
- Developing/Reviewing patient/family educational materials and website resources
- Planning for the out-patient experience
- Planning for the inpatient care experience
- Planning for the emergency care experience
- Ensuring patient safety and the prevention of medical errors
- Educating medical students and residents, new employees and other staff about the experience of care and effective communication and support
- Improving the coordination of care, discharge planning and the transition to home and community care
- Developing the uses for information technology, including electronic medical records
- Pediatrics
- Oncology
- Obstetrics/Gynecology
- Mental Health
- Medicine
- Surgery
- Emergency
- Cardiology
- Critical Care
- Hiring Interviews
- Other (please indicate)

Please read and check before signing:

- I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient Experience Advisor.
- I understand that, upon acceptance into an advisory position, KGH requires that I submit the results of a criminal reference check with the vulnerable sector search (18+ years old). More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor I must submit the results of a negative 2-step Tuberculosis (TB) test and provide proof of immunization. More details are provided at the acceptance stage.
- I understand that prior to beginning as an advisor I must sign a confidentiality agreement.
- I understand that as an advisor I will be accountable to the KGH Lead for Patient- and Family-Centred Care

Please provide the names and contact information of two references who are not related to you.

--	--

Applicant's Signature: _____ Date: _____

Print Name: _____

If applicant is under the age of 16, parent/guardian signature is required.

Parent/Guardian Signature _____ **Date** _____

Applicants who are selected for an interview will normally be contacted within 30 days of submission of the application form.



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 Patient Experience Advisor selection and placement at KGH. We will not share this information otherwise without permission from the applicant / guardian.