Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

KHSC Patient Experience Advisor Application Form

Office Use	**Date Completed**
☐ Data Entry:	
☐ Interview	
☐ Reference check	
☐ CRC	
☐ Immunization	
☐ TB	
Placement:	
☐ Training Arranged	
☐ Computer Access	☐Yes ☐ No
☐ Access Form	☐Yes ☐ No
☐ Confid. Form	
☐ ID Form	
☐ 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 Health Sciences Centre?

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, ambulatory clinic 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
- ☐ Information technology, including electronic medical records and virtual care processes
- ☐ Urgent Care Centre
- ☐ Pediatrics
- ☐ Oncology
- ☐ Obstetrics/Gynecology
- ☐ Mental Health
- ☐ Medicine
- ☐ Surgery
- ☐ Renal Services
- ☐ 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, KHSC 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, upon acceptance into an advisory position and prior to participating as an advisor in patient care areas, KHSC requires that I submit a completed Volunteer Communicable Disease Screening form to KHSC Lead for Patient-and Family-Centred Care. 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 KHSC 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 KHSC. We will not share this information otherwise without permission from the applicant / guardian.