



## Patient and Family Advisory Committee Application

### Instructions:

1. To apply to be a member of our Patient and Family Advisory Committee, (PFAC) you must complete this application form and submit it with a copy of your current resume using the following information:

**Attn: Executive Director**  
**Ottawa Valley Family Health Team**  
**95 Spring Street, Almonte, ON K0A 1A0**  
**Fax: 613-256-0496**  
**Email: [phamer@ovfht.ca](mailto:phamer@ovfht.ca)**

2. The application deadline will be determined annually.
3. For more information concerning this application process, please contact Peter Hamer at 613.256.9370.

### Applicant Contact Information:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town & Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**In the past 2 years have you or your family used the Ottawa Valley Family Health Team Services**  Yes  No

**I am** (Please check one):

A current patient

A family member of a current patient

**Please check the age range that best describes you:**

18-30

30-50

50-65

65-75

Over 75

**Why would you like to serve as a Committee Member?**

**What are some topics of special interest to you?**

**What are some specific things that OVFHT care providers are doing well to help patients and family members?**

**What are some of the things you would like to see us do differently to better serve patients and families that receive care at OVFHT?**

**Please specify the times when you are able to attend meetings:**

Daytime       Evenings

**According to the Accessibility for Ontarians with Disabilities Act (AODA), do you require any accommodations for a disability?**

No       Yes (Please provide details)

**Eligibility Criteria & Commitment Expectations:**

1. Must be at least 18 years of age.
2. Must have been a resident of or be employed or carry on business in the geographical area considered to be the catchment area of the OVFHT for at least three months prior to being considered as a potential candidate.
3. Expected to commit the time required to discharge the duties of a committee member (minimum time per month is on average 5 hours).

**Conflict of Interest Disclosure:**

Individuals serving on the PFAC, must avoid conflicts between self-interest and their fiduciary duty to the OVFHT. Please identify below any relationships with a current employee of the OVFHT which may create a conflict of interest, or have the appearance of a conflict of interest, by virtue of being appointed to the PFAC.

**Please review and check boxes before signing:**

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

No       Yes (Please provide details)

I understand that, upon acceptance into the PFAC, OVFHT requires that I submit the results of a criminal reference check for the venerable sector (18+ years old). More details are provided at the acceptance stage.

I understand that submitting this application and/or being interviewed does not guarantee a position in the PFAC.

I understand that prior to beginning as a Committee Member, I must first sign a confidentiality agreement and the OVFHT Code of Conduct.

I meet the eligibility criteria to be a member of the PFAC.

I can commit time involvement in Committee activities.

I understand that I may withdraw my application at any time.

I have attached a current resume or brief biographical profile.

I attached the name and contact information of a person who will provide a character reference.

I give THE OVFHT Patient and Family Advisory Committee (or their designate) permission to discuss my application with above reference.

**Declaration:**

By submitting this application form, I declare the following:

1. I meet the eligibility requirements as outline above.
2. I have read, understood and agree to comply to the following policies:
  - a. Confidentiality Policy;
  - b. Privacy Policy.
3. I understand that my personal application submission will be subject to a formal screening and selection process which may or may not result in my successful election or appointment to the Patient and Family Advisory Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking the box below, you certify that you have read this application, that you know and understand the meaning and intent of this agreement and that you are entering this knowingly and voluntarily.

I agree

Please save this application electronically, and kindly submit via email with your resume/bio to: [phamer@ovfht.ca](mailto:phamer@ovfht.ca).

Or, print this completed application and submit with your resume/bio to:  
Attention: Executive Director, Ottawa Valley Family Health Team  
95 Spring Street, Almonte, ON K0A 1A0

Or fax to 613.256.0496