PATIENT CAREGIVER EXPERIENCE ADVISORY COUNCIL (PCEAC) APPLICATION FORM

If you have any questions about this form please contact the Director Quality & Medicine Services (613-938-4240 extension 3340)

First and Last Name: 
Street Address
City __________________________  Postal Code
Email Address
Home Phone __________________________  Mobile Phone
Preferred Contact ☐ Home Phone ☐ Mobile Phone ☐ Email

I am interested to sit on the Patient Caregiver Experience Advisory Council(PCEAC) as a:
☐ Patient/former patient
☐ Family member of a patient
☐ Caregiver of a patient

1) My most recent experience with the Cornwall Community Hospital was:
☐ Within the last year   ☐ Within the last 2 years  ☐ Over 2 years ago

2) I speak the following language (s)
☐ English  ☐ French  ☐ Other

3) I or my family member received care from these health services or health care teams (check all that apply)
☐ Diagnostic Services
☐ Inpatient Services
☐ Critical Care
☐ Medicine/Rehab
☐ Surgical
☐ Emergency Department
☐ Mental Health Services
☐ Inpatient
☐ Community Programs - Adult
☐ Community Programs - Children
☐ Other (please Specify)

4) Each month, I am able to volunteer this much time(check one)
☐ More than 4 hours per month
☐ 3 to 4 hours per month
☐ 1 to 2 hours per month
☐ Less than 1 hour per month

5) I am available to serve on the PCEAC for a minimum of two (2) years
☐ Yes  ☐ No

6) Please specify times when you are available to attend meetings:
☐ Morning  ☐ Afternoon
7) As a member of PCEAC I would like to help (check all that apply)
   ☐ Develop or review informational materials for patients and family members
   ☐ Improve the patient and family role in health care decision-making
   ☐ Improve health care services
   ☐ Educate or train health care staff and clinicians by sharing my health care experience story
   ☐ Review policies, programs and practices which affect patient care services and offer suggestions for improvement
   ☐ Other topics (please describe)

Please return your completed form to feedback@cornwallhospital.ca or by mail to: Cornwall Community Hospital
840 McConnell
Cornwall, ON K6H 5S5
Attention: Patient Relations