



Patient, Family and Caregiver Network Expression of Interest Membership Form

Thank you for your interest in joining the Ottawa Valley OHT Patient Family and Caregiver (PFaC) network. To apply to be a member, please complete this form and send it to jamwatt@ovoht.ca.

Name:

Phone Number:

Email:

Mailing Address:

I preferred to be contacted by:

Phone

Email

Please select all that apply. I am:

Patient or Client *(I have personal experience using health care services in OVOHT area)*

Family Member or Caregiver *(I take care of a family member or friend with health challenges in the OVOHT service area)*

Community member *(I live in the OVOHT area)*

Please share why you want to join the OVOHT PFaC Network:

I am interested in participating in the following ways: *(select all that apply)*

PFaC Network (2-year commitment to approx. monthly meetings)

Short-term working groups and advisory committees (less than 3 months)

Longer-term committees and groups (3 months – 1 year) Focus groups

Workshops and Forums

Online Surveys

Reviewing and Editing Resources

Helping with Social Media

What aspects of health care are you particularly interested in?

PFaC members may have the opportunity to participate on the OVOHT project and enabler working groups and committees. Do you have a specific area of interest that you would like to work within? If so, please specify.

Yes, I would like to receive Ottawa Valley Ontario Health Team newsletters.