Bermuda Hospitals Board

Patient & Family Advisory Council
Volunteer Advisor Application

Thank you for your interest in this volunteer opportunity to improve the patient experience as an advisor on the BHB Patient & Family Advisory Council (PFAC).

Please complete all three pages and submit your application via email to **PFAC@bhb.bm**. Digital signatures accepted.

Alternatively, you may return printed applications to the Quality and Risk Management Department on the 5th floor of the General Wing at King Edward VII Memorial Hospital.

Applications will be accepted on a continuing basis and applicants will be contacted to assess interest and availability as the need to fill positions arises. All information submitted with this form is considered confidential and is intended for the purpose of selection and placement related to Patient & Family Advisory Council opportunities only.

First Name: _____ **Last Name:** _____

Position: _____ **Company:** _____

Personal Address: _____

Parish: _____ **Postcode:** _____

Phone 1: _____ **Phone 2:** _____ **Email:** _____

Emergency Contact Name & Phone: _____

Age: ☐ 19-30 ☐ 31-50 ☐ 51-65 ☐ 66-75 ☐ Over 75

Have you, your family or someone you provide care for outside BHB received services from BHB within the last two (2) years? ☐ Yes ☐ No

Have you previously worked or volunteered at BHB? ☐ Yes ☐ No

Please tell us why you are interested in volunteering as an advisor on the Patient & Family Advisory Council.

Please describe any opportunities for improvement you have observed or things that BHB could do differently to improve the patient experience.

What is your availability for PFAC meetings and associated activities?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐

I would be interested in helping with (select all that apply):

- ☐ Developing/reviewing educational materials to improve the patient and family experience.
- ☐ Planning for the hospitalisation (inpatient) care experience for adults.
- ☐ Planning for the hospitalisation (inpatient) care experience for children.
- ☐ Planning for the emergency care experience.
- ☐ Planning for the clinic (outpatient and ambulatory) care experience.
- ☐ Planning for the oncology care experience.
- ☐ Planning for the mental healthcare experience.
- ☐ Educating physicians, new employees and other staff about the experience of care and effective communication support.
- ☐ Participating in facility design planning.
- ☐ Improving the coordination of care and the transition to home and community care.
- ☐ Issues of special interest (please describe):

Please review and check before submitting:

- ☐ I understand that submitting this application and/or being interviewed does not guarantee a position as an advisor on the Patient & Family Advisory Council.
- ☐ I have reviewed the Patient & Family Advisory Council terms of reference and meet the eligibility criteria to be an advisor.
- ☐ I understand that I may withdraw my application at any time.
- ☐ I understand that my work on the Council is voluntary in nature.
- ☐ I understand that I must sign a confidentiality agreement prior to beginning work on the Council.
- ☐ I understand that, as a Council member, I will be accountable to the Clinical Governance Sub-Committee of the Board and agree to abide by the BHB vision, mission and values.

Conflict of Interest Disclosure:
Individuals serving on the Patient & Family Advisory Council must avoid conflicts between self-interest and their fiduciary duty to the hospital. Please identify below any relationships with a current employee of the hospital or with another organisation which may create a conflict of interest, or have the appearance of a conflict of interest, by virtue of being selected to serve on the Patient & Family Advisory Council.

- ☐ None
- ☐ Yes – Please identify any potential conflicts of interest:

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

- ☐ I agree.

Signature: _____ **Date:** _____
(DD/MM/YYYY)