

CAPREOL NURSE PRACTITIONER-LED CLINIC

49 Young Street

Capreol, ON P0M 1H0

Telephone: 705-858-8787 / Fax: 705-589-3018

Patient Advisory Council Application

Information (Please Print)

Name:

Phone Number:

home

work

cell

Address:

Street Number

Street

Apt (if applicable)

City

Ontario, Canada

Postal Code

Are you currently employed? If so, who is your employer and what is your position?

Please tell us why you would like to be a member of the Patient Advisory Council

Please share any skills, or experience that you can contribute to the Patient Advisory Council.

What are some of the things you would like to see us do differently to better serve the patients of the Capreol NPLC?

Eligibility Criteria	Please initial beside criteria to confirm eligibility
18 years or older	x
Current Patient of Capreol NPLC	X
Able to commit to 4 meetings/year	X
Able to commit to a 2 year term	X
Deny any conflict of interest such as but not limited to a relationship with an employee of the Capreol NPLC	X

According to the Accessibility of Ontarians with Disability Act (AODA), do you require any accommodations for disability? If yes, please describe.

By signing below you understand that submitting this application and/or being interviewed does not guarantee a patient advisor position. You may withdraw your application at any time

By signing below you agree to sign a confidentiality agreement and submit a criminal reference check if you are selected as a patient advisor

By signing below you give permission for the Capreol NPLC to contact your character references that you have provided.

Signature:	Date:
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Please provide name and contact information of two references that are not related to you

NAME:	Contact information
NAME:	Contact information