

Request for Patient and Family Partners

Complete this form and email to carepartnership@sjhc.london.on.ca to express your interest in working with a patient/family partner to support your activity. Please review the Patient and Family Partner document to ensure readiness to start the engagement process.

Requestor's name:

Email:

Extension:

Date request made:

Program:

I am requesting a patient or family partner for (*select all that apply to this project/event/activity*):

- Storytelling (sharing their story/care experience in person or through a video)
- Working group/quality improvement initiative
- Council/committee
- Email partner
- Research
- Hiring panel
- Other: please specify _____

1. Provide a brief description of the project/activity, including anticipated number of staff involved, start date, etc.

2. How will you ensure meaningful engagement of patient/family partners?

3. Please describe the expected time commitment for the patient/family partner(s).
(i.e., length/frequency of engagement(s) and duration of initiative - 2 hour meeting, monthly, for 6 months)

Please attach any relevant documents about this activity that would assist the Care Partnership Office in discussing this opportunity with potential partners.