

Patient/Client Partner Application Form

Name: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Primary phone: _____ Email: _____

Email is the primary communication method for the KL-OHT. Please let us know if you require an alternative method of communication.

1. Are you a ...

- Patient/client residing in the City of Kawartha Lakes
- Caregiver/family of someone who has used the healthcare system in the City of Kawartha Lakes
- Other, please describe _____

2. How much time would you be able to commit to being a Patient/Client Partner each month? (please check one)

- Less than one (<1) hour per month
- One to two (1-2) hours per month
- Three to four (3-4) hours per month
- More than four (4+) hours per month

3. Do you have access to: (please check all that apply)

- Internet
- Email
- Computer with video/microphone
- Telephone

4. Would you be available to participate in a monthly meeting for 60 minutes?

(You can still be a partner if you answer "No.")

- Yes If yes, check all that apply to your availability: Morning, Afternoon, Evening
- No

5. How do you want to help? I want to participate in: (check all that apply)

- Patient and Family Advisory Council (PFAC) – provides feedback and advice on a variety of items and brings relevant issues and concerns forward
- Operating Committee (OPS) – implements plans and design of the KL-OHT, prepares ministry submissions, and oversees working groups
- Care Navigation Working Group (CNWG) – redesigns care navigation to break down barriers between providers
- Digital Working Group (DWG) – enables patient access to their digital health information
- Engagement Working Group (EWG) – engages the community and key stakeholders to better understand concerns, aspirations and views on connecting local care in the City of Kawartha Lakes

Oversight Committee (OC) – develops the strategic plan, develops budget, and oversees the Governance Working group

Governance Working Group (GWG) – designs future governance model

Other areas of interest (please describe):

Click here to enter text.

Please tell us about yourself.

6. Why would you like to serve as a partner?

Click here to enter text.

Please return this form by email to: info@kawarthalakesoht.ca