

# COMMUNITY PARTNER APPLICATION FORM



Thank you for your interest in becoming a Kawartha Lakes Ontario Health Team Community Partner. Please complete the application form below and submit to [info@kawarthalakesoht.ca](mailto:info@kawarthalakesoht.ca) or contact us at 705-934-1430 with any questions about the application process.

## Your details

Name :

Street Address :

City :  Postcode :

Email :  Phone Number :

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

## About You

1. Are you a...

- Patient or client residing in Kawartha Lakes
- Caregiver or family member of someone who has used the healthcare system in Kawartha Lakes
- Other, please describe:

2. How much time would you be able to commit to being a Community 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?

- Yes If yes, tick 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)**  
Advisory group that aims to improve the patient, client, family and caregiver healthcare experience in Kawartha Lakes and assist in shaping KL-OHT programs.
- Operating Committee**  
Implements plans and design of the KL-OHT, prepares Ministry submissions, and oversees working groups.
- Oversight Committee**  
Develops the strategic plan, develops budget, and oversees the Governance Working group
- Governance Working Group**  
Identifies and approves new leads and members, evaluates KL-OHT goals, determines strategic direction in partnership with other committees and working groups.
- Care Navigation Working Group**  
Develops Harmonized Navigation Plan in partnership other committees, conducts Care Navigation gap analysis using existing and new data.
- Digital Working Group**  
Develops digital solutions for programs, such as eReferrals, Wellness Connections Program, Community Paramedic Remote Patient Monitoring and Online Appointment Booking.
- Engagement Working Group**  
Implements our Community Engagement Plan, works closely with Patient Family Advisory Council to listen to and implement feedback from the community.
- Unattached Patient Working Group**  
Identifies and makes recommendations to address the needs of patients in Kawartha Lakes without a family doctor

6. Why would you like to serve as a Community Partner with the Kawartha Lakes Ontario Health Team?

Effective partnership and engagement must reflect the diversity of community we serve. To ensure that decisions being made reflect and respond to a broad range of lived experience, we welcome and encourage applications from a variety of backgrounds and perspectives.

*Please note the following questions are optional.*

7. I identify as:

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Francophone | <input type="checkbox"/> Indigenous, First Nations, Métis, or Inuit | <input type="checkbox"/> A racialized or visible minority |
| <input type="checkbox"/> White       | <input type="checkbox"/> Other <input type="text"/>                 | <input type="checkbox"/> Prefer not to say                |

8. Have you experienced barriers to healthcare related to any of the following?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Age            | <input type="checkbox"/> Ethnic background | <input type="checkbox"/> Gender                     |
| <input type="checkbox"/> Income         | <input type="checkbox"/> Sexual identity   | <input type="checkbox"/> Language                   |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> None of the above | <input type="checkbox"/> Other <input type="text"/> |

All information contained on this form is considered confidential and is only intended for use by the Kawartha Lakes Ontario Health Team. You may be contacted to participate in an informal interview.

Please email completed applications to [info@kawarthalakesoht.ca](mailto:info@kawarthalakesoht.ca).