



**SOUTH BRUCE GREY
HEALTH CENTRE**

CHESLEY | DURHAM | KINCARDINE | WALKERTON

PATIENT AND FAMILY ADVISORY COUNCIL MEMBERSHIP APPLICATION

Name:

Address:

City, Province Post Code:

Email:

Telephone:

Which departments, including outpatient services or clinics, have served you/your family and during what approximate time period?

What are some of the specific things that our health care professionals have done to help you and your family?



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What are some of the things you would like our health care professionals to do differently to help you and your family?

Why do you want to become a member of this council?

All information contained on this form is considered confidential and intended for use by the Selection Committee only. You may be contacted upon receipt of this application form to participate in a face-to-face interview. Please send your completed application by email or mail to:

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QUALITY HEALTH CARE – CLOSE TO HOME