

Expression of Interest Application Form OHT-N Experience Partner

Please return your completed application form using one of the following methods:

- **Email:** info@ohtnorthumberland.ca
- **Mail:** Rural Outreach Clinic – 34 Victoria Street, Colborne, ON K0K 1S0
- **Drop-off:** Sealed envelopes only, please, accepted at Main Reception at the Rural Outreach Clinic (34 Victoria Street, Colborne, ON K0K 1S0) weekdays between the hours of 9:00am-5:00pm, and marked for the attention of the Ontario Health Team Northumberland, c/o Emily MacDonald.

Please Note: There may be a risk when sending confidential information over an email system. If you have concerns about your privacy when using email, please mail or drop-off the document. If you have privacy-related questions about this form and/or the Ontario Health Team of Northumberland's use of the information, please contact the OHT-N 905-376-7206.

Thank you for your interest in this volunteer opportunity!

Are you over the age of 18, living in Northumberland County, and experiencing local health and/or community care services as:

- A patient/client?
- A caregiver for someone accessing these services?

Would those who know you describe you as having the following characteristics, considered essential for effective Experience Partners:

1. Objective, open-minded and respectful when considering the perspectives of others, and able to think beyond your own personal experience.
2. Comfortable asking for clarification if you need it and sharing your opinions.
3. Able to work collaboratively with others.
4. A desire to contribute towards improving local health and community care services.

If you answered YES to the above questions, the Experience Partner role may be the right opportunity for you!

Contact information:		
Name:		
Address:		
City:	Postal Code:	
Telephone:	Mobile:	
Email:		
Preferred method of contact:		
☐ Phone	☐ Mobile	☐ Email

OHT-N meetings and related materials are held/produced in English. Would this pose a barrier to your participation as an Experience Partner?	
☐ Yes	☐ No

Social demographics		
Were you born in Canada? ☐ Yes ☐ No ☐ Do not know ☐ Prefer not to answer		
If NO , what year did you arrive? _____		
In what country were you born? _____		
Do you identify as First Nations, Métis and/or Inuit? (Check ALL that apply – includes status or non-status)		
☐ Yes, First Nations	☐ Yes, Métis	☐ Yes, Inuit
☐ No	☐ Do not know	☐ Prefer not to answer
Which of the following best describes your ethnicity? (Check ALL that apply, for example if you are multi-racial or mixed race)		
☐ Not applicable	☐ Do not know	☐ Prefer not to answer
☐ White (e.g. North America, European descent)		
☐ Black (e.g. African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian, etc.)		
☐ Latin American (e.g. Hispanic or Latin American decent)		
☐ East Asian (e.g. Chinese, Korean, Japanese, Taiwanese, etc.)		
☐ South Asian (e.g. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)		
☐ Southeast Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)		
☐ Middle Eastern, Arab or West Asian (e.g. Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)		
☐ Other race/ethnic group (Please specify): _____		
How do you identify? (Check ALL that apply)		
☐ Female	☐ Male	☐ Two-Spirit
☐ Genderfluid	☐ Questioning	☐ Non-Binary
☐ Do not know	☐ Prefer not to answer	
☐ Other (Please specify): _____		
What are your preferred pronouns? (Check ALL that apply)		
☐ She/Her	☐ She/They	☐ He/Him
☐ He/They	☐ They/Them	
☐ Other (Please specify): _____		

Are you a:

- ☐ Patient/client (within the past 3 years)
☐ Family or caregiver for a patient/client (within the past 3 years)

What was the main caregiver/patient experience that inspired you to consider this volunteer opportunity (check all the apply).

I was, or the person I care for was, the recipient of:

- ☐ In-hospital care
☐ Emergency care
☐ Care at a hospital clinic or local health care clinic as an outpatient (e.g. general medical issues, dialysis, diagnostic imaging, maternal/childcare)
☐ Mental health care and addiction services
☐ Palliative care/hospice services
☐ Restorative care/rehabilitation
☐ Home and community care
☐ Long-term care
☐ Social services (housing and shelter support, social assistance)
☐ Community services (Canadian Cancer Society, Alzheimer's Society, Community Living)

In addition to the care experiences referenced above, within the last 3 years, have you (or the person you care for) received support/care from any of the following Northumberland health/community service providers? (Check all that apply)

- ☐ Alderville First Nation Health & Social Services
☐ Campbellford Memorial Hospital
☐ Community Care Northumberland
☐ Community Health Centres of Northumberland
☐ Lakeview Family Health Team
☐ Home and Community Care Support Services
☐ Northumberland County Community & Social Services
☐ Northumberland Family Health Team
☐ Northumberland Hills Hospital
☐ Northumberland Paramedics
☐ Rebound Child and Youth Services
☐ Seniors Care Network
☐ Streamway Villa Long-Term Care
☐ The Bridge Hospice
☐ Trent Hills Family Health Team

Would you be comfortable sharing your experience with the Experience Partner Council and/or OHT-N working groups/committees in order to make improvements to local health and community care services?

- ☐ Yes ☐ No

Please specify which Experience Partner opportunity you are you interested in (check all that apply) and your preference:

☐ Experience Partner Council

☐ Experience Partner Project Pool

Why would you like to serve as an Experience Partner?

Tell us a bit more about how your past experience/interests could be helpful as, together, we improve patient/client/caregiver experience of health and community care across our community?

Are there other specific health or community care topics/priorities that interest you?

Please specify the time when you are typically able to attend meetings (check all that apply) and your preference:

☐ Morning

☐ Afternoon

☐ Evening

OHT-N meetings, including meetings of the Experience Partner Council – currently take place virtually using online meeting technology. Are you open to meeting virtually? (Training provided as required)

☐ Yes

☐ No

What patient, family and caregiver advisory councils or committees are you currently participating in?

Are you currently or have you ever been involved in a legal challenge between you/your family and a Northumberland County health/community care agency?	
☐ Yes (please provide details)	☐ No

Please confirm that you understand each of the following:

- ☐ I understand that submitting this application and/or being interviewed does not guarantee a position as an OHT-N Experience Partner.
- ☐ I understand that, prior to becoming an OHT-N Experience Partner, I would be required to submit the results of a criminal reference check (CRC) with the vulnerable sector search (18+ years old), sign an OHT-N Confidentiality Agreement and personal pledge to do my best to support the Patient Declaration of Values for Ontario, as set out in the OHT-N Patient/Caregiver Partnership and Community Engagement Framework.
- ☐ I understand that, as an OHT-N Experience Partner, I would be accountable to the OHT-N.

I declare the above information to be true and complete to the best of my knowledge. I understand that a false statement may disqualify me or lead to my dismissal.

SIGNATURE:	DATE:
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Thank you again for your interest in becoming an OHT-N Experience Partner and for taking the time to complete this application. We will confirm receipt and be in touch shortly regarding an interview.

About Ontario Health Team of Northumberland

The Ontario Health Team of Northumberland is a county-wide collaboration of patients, caregivers, health, and community care providers, working together to improve patient, caregiver, and provider experience. The goal of the OHT is to build a connected and sustainable health care system, centred around the needs of patients.

Ontario Health Team Northumberland is supported by funding from the Government of Ontario