Ontario Health Team Northumberland

Expression of Interest Application Form
OHT-N Experience Partner

Please return your completed application form to info@ohtnorthumberland.ca

Contact information:	
Name:	
Telephone:	Mobile:
Email:	
Preferred method of contact:	
☐ Phone	☐ Email

Are you resident of Northumberland County and a:
☐ Patient/client (within the past 3 years)
☐ Family or caregiver for a patient/client (within the past 3 years)

Please specify which Experience Partner opportunity you are you interested in (check all that apply):	
☐ Experience Partner Council	☐ Experience Partner Project Pool

Why would you like to volunteer as an Experience Partner?

Tell us how your experience/interests could be helpful to improve the patient/client/caregiver experience of health and community care across our community?

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

SIGNATURE:	DATE:

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 next steps.

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