

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

1. I am or have been a:  Patient  Family member/caregiver  Both a patient and family member/caregiver

2. Are you or your family member currently undergoing treatment?  Yes  No

If no, how long ago was your last treatment: \_\_\_\_\_

3. What type of cancer were/are you or your family member being treated for?

Brain  Breast  Cervical  Colon  Lung  Skin

Other (specify): \_\_\_\_\_

4. As a member of the Patient and Family Advisory Council (PFAC), I would be interested in (check all that apply):

Sharing personal cancer care experiences

Providing recommendations based on my experiences

Providing insight into patient interests and needs

Advising on strategies for actively partnering with patients in planning and improving health care services

Other: \_\_\_\_\_

5. Why are you interested in participating in the PFAC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you previously served at another organization as an advisor, committee member or volunteer? If yes, please tell us about your experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How did you hear about the PFAC?

Poster/brochure in the cancer centre  Grand River Hospital website  Letter mailed to me

Cancer centre staff member  Family/friends  PFAC member  Other: \_\_\_\_\_

**If you would like more information or have any questions, please contact Beth Wilson at [PFAC@grhosp.on.ca](mailto:PFAC@grhosp.on.ca)**

**Please return your completed application to the main registration desk in the cancer centre or mail to:**

Patient and Family Advisory Council, Grand River Regional Cancer Centre  
835 King Street West, Kitchener, ON, N2G 1G3

*Thank you for your interest in the Patient and Family Advisory Council.*

*We will be in touch with you soon!*