Toronto Stroke Networks Patient and Family Advisor Application Form



Today's Date (DD/MM/				
YYY) Name (First and				
Last): Street Address:				
City:	Postal Code:			
Home Phone: Cell Phone:				
Email Address:				
Preferred Contact: □ Home	e Phone 🛛 🗆 Cell Phone 🗆 Email			
Best Time to Contact: Morn	ning 🛛 Afternoon 🗆 Evening			

The following questions will help us get to know you better

- 1. Are you a...
 Patient/person with stroke
 Family member of a patient/ person with stroke
 2. When did you or your family member have a stroke?
 Less than 1 year ago
 6-10 years ago
 1-3 years ago
 More than 10 years ago
 4-5 years ago
- 3. How much time are you able to commit to being a patient and family advisor? (Check one)

Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act and will be used for the purpose of the Patient and Family Experience Advisory selection and placement for the Toronto Stroke Networks. We will not share this information otherwise without permission from the applicant/guardian. <u>https://www.tostroke.com</u> July 2025

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Less than 1 hour per month	4-5 hours per month
1-3 hours per month	Other (specify)

4. How long are you able to serve as an advisor?

Less than 1 year	1 to 2 years	□ > 2 years
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- 5. How do you want to help as an advisor?
- □ Serve as a member of the Patient and Family Advisory Committee
- □ Participating on short term working groups
- □ Helping develop or review educational resources
- Providing feedback on and helping to improve programs and clinical practices

Attending focus groups or sharing your stroke experience with health care providers or others

- □ Speaking at health care or community events
- □ Providing peer support to others who have had a stroke
 - You will be referred to the March of Dimes After Stroke Program Volunteer Coordinator
- 6. Most meetings take place on weekdays during business hours (between 9am to 4pm). Are you available to join meetings during these times?
- □ YES _____

Please email this form to info@tostroke.com

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