**Seeking Patient Advisers to Help Shape the Design and Development of a Comprehensive Outpatient Clinic for the Management of IBD**

**Your Contact Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Telephone (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you prefer to be contacted?

Phone E-mail Text message

We are devoted to equity, diversity and inclusion. Please feel free to self-identify as a member of the following communities if you wish:

Person with a disability

LGBTQ2

Indigenous

Immigrant or refugee

Hearing impaired or deaf

Visually impaired or blind

Other

Briefly tell us why you are interested in becoming an Patient Adviser and what experiences you think you can bring to the position.

**Skills and Experience**

Are you comfortable communicating (verbal and written) in English?

Yes

No

Please select if you require a:

Translator

Interpreter (ASL)

Audio-visual aids

An attendant

Other

Please select some of the skills or experiences you may have:

Interest in and an understanding of the healthcare system

Able to work on a team

Verbal and written communicative skills

Comfortable speaking and sharing in a group setting

Open-minded and respectful of others and their opinions

Strategic planning and decision making

Community involvement

Knowledge of or able to represent diverse communities

Communication, public and media relations

Other skills

**Availability**

When are you available to attend meetings (check all that apply)

Weekday daytime (9am-5pm) Weekday evenings (5pm-8pm)

Saturdays (8am-12pm) Sundays (8am-12pm)

Is the Health Sciences Centre an accessible location for you?

Yes

Please feel free to suggest other locations to meet.

No

Where did you hear about this opportunity?

E-mail Poster Website Recommendation from friend/family

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

**References** Please provide the names and contact information for 2 references.

**Reference 1**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference 2**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out this form and return it

You can **E-MAIL** it to: adebanke.oketola@umanitoba.ca

Or **MAIL** to: 815A, John Buhler Research Centre

750 McDermot Avenue

Winnipeg, MB R3E 3P5

Or **FAX** to: 204-789-3972

If you have any questions or concerns please e-mail the address above, or call **204-272-3177**.