



Patient & Family Advisory Council (PFAC) Membership Backgrounder

Your input will assist us in making lasting impact improvements for patients with cancer and their caregivers across the Erie St. Clair Region in the areas of prevention, screening, diagnosis, treatment, survivorship, palliative and end-of-life care.

The [Erie St. Clair Regional Cancer Program](#) oversees the delivery and quality of cancer services for the areas of Chatham-Kent, Sarnia/Lambton and Windsor/Essex.

Council membership includes patients, family members and caregivers from the Chatham-Kent, Sarnia/Lambton and Windsor/Essex area. Membership also includes cancer program leadership and staff.

The Patient & Family Advisory Council meets four times per year. To acknowledge the significant partnership between the cancer program and patients/family/caregivers, meetings and outcomes are guided by membership and are led by a Program Co-Chair and Patient Co-Chair.

Committee Members are asked to:

- Attend scheduled meetings four times a year. Videoconferencing and/or teleconferencing is available for those unable to attend in person;
- Provide input and recommendations to improve cancer programs and services across the Erie St. Clair Region;
- Commit to the position for a 2-year term (some members will be requested to accept an additional 2-year term to ensure only partial turnover of membership);
- Be a patient with cancer, family member or caregiver within the past 3 to 6 years;
- Have access to email and the internet.

This is a volunteer position; travel costs are covered, and refreshments are provided at the meeting.

Thank you for your consideration. Your participation will help make a positive difference to patients with cancer, their family members and their caregivers.

To apply, please fill out the following form and return it in any of the following ways:

Email: ESCRCP.PFAC@wrh.on.ca

Tel: 519-254-5577 x52800

Fax: 519-253-0734

For additional information, please contact ESCRCP.PFAC@wrh.on.ca or call 519-254-5577 x52800.

Patient & Family Advisory Council

Application (Voluntary)



Erie St. Clair
Regional Cancer Program
in partnership with Cancer Care Ontario

Application Date: _____

Full Name:	
Contact Number:	E-mail Address:
Mailing Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
Age Range: <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Prefer not to disclose	
I reside in: <input type="checkbox"/> Chatham-Kent <input type="checkbox"/> Sarnia/Lambton <input type="checkbox"/> Windsor/Essex	
Voluntary question – you are able to decline to answer: What best describes your racial or ethnic group? (Examples include Aboriginal, Asian, Black, White)	
Indicate your level of experience in cancer system: <input type="checkbox"/> Patient <input type="checkbox"/> Family Member <input type="checkbox"/> Caregiver <input type="checkbox"/> Other: _____	
Which cancer(s) have you had previous experience with?	
How long ago was your experience in the cancer system? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4+ years	
Do you have access to: Internet <input type="checkbox"/> Yes <input type="checkbox"/> No Email <input type="checkbox"/> Yes <input type="checkbox"/> No	
Could you commit to being on this Council for 2+ years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Which areas are you hoping to assist with? (Select all that apply) <input type="checkbox"/> Public Speaking <input type="checkbox"/> Media Engagement <input type="checkbox"/> Committee Representation <input type="checkbox"/> Event Planning <input type="checkbox"/> Feedback on Materials/Processes <input type="checkbox"/> Other: _____	

Thank you for your interest. We will be in touch with you shortly.