



Brandon Regional Health Centre Acute Care Patient Advisory Council Expression of Interest Form

1. Please explain why you are interested in being part of the Brandon Regional Health Centre Acute Care Patient Advisory Council.

2. Briefly explain your experiences with the healthcare system in Brandon or elsewhere.

3. Which of our Acute Care Programs have you or your family member received service from?

- | | |
|--|--|
| <input type="checkbox"/> Maternal – Child Care | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Surgical Suite | <input type="checkbox"/> Ambulatory Care |
| <input type="checkbox"/> Inpatient Surgery Units | <input type="checkbox"/> Cancer Care |
| <input type="checkbox"/> Rehabilitation Medicine Unit | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Palliative/Waiting Placement Unit | |

4. Are you prepared to share new and different ideas openly and to make a positive contribution to improving services provided by the Brandon Regional Health Centre Acute Care Services?

5. What do you hope to contribute as a member of the Patient Advisory Council?

Contact Information:

✚ Name: _____

✚ Mailing Address: _____

✚ E-mail Address: _____

✚ Telephone number: _____

Please return this completed form to Kirby Hunt, by January 31, 2012.

✚ E-mail: huntk@brandonrha.mb.ca

✚ Fax: (204) 578-4969

✚ Mailing Address:

- Brandon Regional Health Centre
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Brandon, MB
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