**Date:** Click here to enter a date. **Name of requestor:** Click here to enter text.

**Phone number**: Click here to enter text.  **Email address**: Click here to enter text.

**Portfolio and Department**: Click here to enter text.

* [ ]  **Will this request be locally delivered and administered?**
* [ ]  **Will this request be provincially administered?**
1. **What is the name of the Patient Family Partner (PFP) opportunity?**

Click here to enter text.

1. **Engagement Goal** (To help determine goal, review the following and refer to the visual on page 2)

[ ]  **Inform –** To provide PFPs with reliable information to help understand current state and opportunities for

 Change. No other contribution is required.

[ ]  **Consult –** PFPs are requested to provide feedback on analysis, options and/or decisions. PFPs have no further involvement in the initiative, design or outcome.

[ ]  **Involve –** Work directly with PFPs throughout the process to address concerns and ensure that needs are validated and will be considered but the final decision/outcome is determined by the SHA.

[ ]  **Collaborate –** PFPs are active partners in each aspect of the decision being made, including defining reasonable options and the preferred solution.

[ ]  **Co-Lead –** PFPs are part of the decision making process. Fostering participation and equity through partner-driven priorities.

1. **Using simple language, clearly identify and explain in detail, the objective and purpose of the engagement.**

Click here to enter text.

* **Start Date:** Click here to enter a date. **End Date:** Click here to enter a date.
* **Meeting schedule - Time, duration and how often:** Click or tap here to enter text.
* **What type of involvement is being requested of the PFP(s)?**

[ ]  Ongoing involvement (i.e. involved in committee or working group as a member)

[ ]  One-time involvement (i.e. participate in event/meeting to provide input or share stories)

* **Virtual or In-person engagement?** Click here to enter text.
* **Is this request due to your involvement in an Accreditation Survey?** [ ]  NO [ ]  YES
* **Is this request for a SHA Engagement Team opportunity?** [ ]  NO [ ]  YES
1. **The Patient Family Centred Care (PFCC) team encourages minimum of two PFPs.**

**How many PFP(s) are being requested?** Click here to enter text.

1. **Is there a need for specific PFP experiences or backgrounds? (I.e. gender, age, geography, ethnicity, etc.)**
 [ ] NO [ ] YES **Describe**: Click here to enter text.

Registered SHA PFPs are eligible for SHA Honorarium.

Reimbursement of honorarium and expenses will be determined by the SHA Honorarium Procedure and Expense policy. Honorarium processes are supported through the PFCC Team.

