Patient Engagement Request Form

Shared Health's Patient Engagement Team will provide support for planning your engagement, recruitment, readiness, volunteer management, ongoing support, and follow-up/evaluation of Patient and Family Advisors and your engagement activity, including:

- Arranging a consultation meeting to discuss your project and patient engagement needs
- Developing an engagement plan (why, what, how, where, and when you will be engaging)
- Recruiting and onboarding of Patient and Family Advisors through the Patient and Family Advisor Network and any targeted recruitment efforts as needed
- Receiving ongoing support from the Public, Patient, and Family Engagement Team regarding your Patient and Family Advisors and your engagement activity; and
- Providing mentorship and developing skills helpful for facilitation and engagement of patient and family advisors.

Once this engagement request has been submitted, the Public, Patient, and Family Engagement Team will arrange a meeting with you to discuss your request and develop an engagement plan (why, what, how, and when you will be engaging).

Section 1 - Contact Information:

Shared Health Site: _____
Program/Department:_____
Name of Staff Responsible for Engagement Request: _____
Position: _____ Phone:_____Email:_____

Section 2 – The Project

Name of the Project: _____

Overview of the Project:
Please use plain language to describe the project, the project's purpose/goals and the relevance to potential patient and family advisors. Feel free to include background materials relevant to the project (e.g. Terms of Reference).

_____
_____
_____

Section 3 – The Engagement Activity

Overview of the Engagement Activity:
Please use plain language to describe the purpose and reasons why you would like to engage Patient and Family Advisors in this project (e.g. What can a Patient and Family Advisor offer this project? Or what is the desired outcome with involving patients and families in your request?).

_____

_____

Section 4 - Engagement Request

What type(s) of patient and public engagement are you seeking?
(Select all that apply)

- ☐ **Advisor on a committee or working group** (primarily staff-led)
- ☐ **Ongoing advisory group** providing input on a program, project, or strategy
- ☐ **Sharing lived experience** for education, training, or storytelling purposes
- ☐ **Co-designing or revising a process, pathway, or service delivery model**
- ☐ **Co-creating patient- or public-facing materials** (e.g., posters, websites, info sheets)
- ☐ **Document or material review** (e.g., policies, guidelines, patient information)
- ☐ **Participation on an interview or recruitment panel**
- ☐ **Other (please describe):** _____
- ☐ **Not sure — seeking guidance on the most appropriate approach**

Do you have individuals in mind already who would be suitable for this engagement opportunity? ☐ Yes ☐ No

What is your timeline for engagement? (i.e. when does the engagement need to be completed by?) Provide a specific date/timeframe:_____

_____

By engaging patients and families, I consent to:

- Follow best practices with engaging patients and families as outlined by the Shared Health Patient Engagement team;
- Inform the Shared Health Patient Engagement Team upon completion of the engagement opportunity;
- Thank Patient and Family Advisors for their participation upon completion of the engagement opportunity;
- Share how the goals of the opportunity/project have been met; and
- Share how the contribution and participation of the Patient and Family Advisors have influenced the outcome.

☐ I agree

Once the form is submitted, the Shared Health Engagement team will contact you to arrange a meeting to further discuss your request and to create an engagement plan.

Signature: _____ Date: _____