



Connecting the Dots for Caregivers Healthcare Provider Team Member Expression of Interest for Project

**Connecting the Dots for Caregivers
c/o Jennifer Hubbard
Huron Perth Healthcare Alliance – Seaforth Site
24 Centennial Drive, P.O. Box 99
Seaforth, ON N0K 1W0**

**If you have any questions about this application please contact:
(519)527-1650 Ext. 4219; Email: jennifer.hubbard@hpha.ca**

Thank you for your interest in joining the Connecting the Dots for Caregivers project as a healthcare provider on a co-design team or working group.

Connecting the Dots for Family Caregivers aims to improve the quality of care and experience for family caregivers, patients and healthcare providers in Huron Perth. Being a family caregiver can be rewarding and fulfilling but it can also be challenging and a significant source of stress and anxiety.

This important initiative, funded by the Change Foundation, brings together six local health care partners who will listen to, learn from and act with family caregivers and healthcare providers to co-create supports, programs, and resources that address the needs of family caregivers and ensures they feel valued, respected, engaged and supported in their role.

Who is a Family Caregiver?

A family caregiver is defined as family, friends, and neighbours who provide personal, social, psychological and physical support, assistance and care, without pay, for family members and friends in need. This support can be provided for any period of time.

How can Healthcare Providers contribute to this project?

- Share your experience, knowledge and expertise
- Be a member of a co-design team or working group

Healthcare provider involvement is key to the success of this project. Sharing your personal experiences, knowledge and expertise, allows us to learn and work towards positive change that will smooth transitions for caregivers through Huron and Perth counties.



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Name:	
Employer:	
Supervisor/Manager:	
Role/Designation:	
Email:	
Telephone:	

1. As a healthcare provider, do you interact with family caregivers in your role?

Yes No

If yes, please tell us briefly what those interactions are.

2. Why would you like to be involved with this project?

3. Please read and check before submitting

I understand that submitting this form does NOT guarantee participation on a project team or working group. Any participation in project activities will be at the discretion of my Supervisor/Manager.

Signature: _____ Date: _____

We will use personal information on this form to select and place healthcare providers within the Connecting the Dots for Caregivers project teams and working groups. We will not use the information in any other way without the permission from the applicant/guardian. We will protect your personal information, following the rules set out in the Public Hospitals Act and Freedom of Information and Protection of Privacy Act (FIPPA).