

**SAVE THIS FORM ON YOUR COMPUTER BEFORE COMPLETING**

**Before you send in your request, please make sure you have done these two things:**

- ☐ I have completed the [BC Cancer Orientation to Patient and Family Engagement](#)
- ☐ The leadership team of my program/regional centre is aware of this request
- ☐ If this is a committee, I have attached the Terms of Reference with the member list

Email the completed form to Joyce Lee, Lead, Patient and Family Engagement, at [jlee2@bccancer.bc.ca](mailto:jlee2@bccancer.bc.ca)

Send your form by *the 3<sup>rd</sup> week of the month*, in order for the request to be posted in the following month's partners newsletter. Patient and Family Partners are generally matched within 3 weeks from the date of posting.

Engagement Contact	
Name:	
Title:	
Department:	
Email:	
Phone:	

Engagement Information	
Name/Title:	
Background and purpose (2 to 3 short sentences in <u>plain language</u> ):	
What will the patient/family partners do:	
How much influence will the partner(s) have on decisions (Please insert an "X" on the line below):	
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>Inform</span> <span>Consult</span> <span>Involve</span> <span>Collaborate</span> <span>Empower</span> </div> </div>	

Start Date:		
End Date:		
Frequency of meetings:		
Time of meetings:		
Place and format of meetings: (e.g. in person, by phone)		

### Engagement Requirement

Desired qualities and experience of patient/family partner:

Time commitment:

Number of patient/family partners (minimum 2):

### Engagement Support

How will you update and report the outcomes of the engagement to partners (1 to 2 sentences):

What resource will be available to support partners (e.g. training, reading material, social meetings)?

How will you reimburse partners' out of pocket expenses (e.g. travel, meals)?