



Family Advisory Council (FAC)

Application Form

Instructions: Please type into the fields provided to apply to Grandview Kids Family Advisory Council (FAC). Applications are open to parents, guardians and/or caregivers of current or former Grandview Kids. Once you have completed this form, please "Save As" a PDF and email as an attachment to familyengagement@grandviewkids.ca. Please contact that email if you have questions about the FAC or the application process. Applications are reviewed by a selection panel of Grandview Kids staff, parents and former clients, considering diversity, background, experience and fit with the existing FAC membership and Council goals.

Personal information:

Your name (first): _____ (last): _____

Address Line 1: _____

Address Line 2: _____

City: _____ Province: _____ Postal Code: _____

Primary phone number: _____ Email: _____

Gender: M F Prefer not to disclose

Do you identify as a visible minority? Yes No Prefer not to disclose

Occupation: _____ Not currently working

Your child/children:

Child's name who is Grandview Kid: (first): _____ (last): _____

(Note: Please include information for each child if more than one attends Grandview Kids)

(first): _____ (last): _____

(first): _____ (last): _____

Child/children's current age: _____

Is your child/children **currently** receiving services from Grandview Kids? Yes No

Your relationship to child/children:

Parent

Grandparent

Guardian

Other (please describe) _____

Which Grandview Kids programs and services has your child/children accessed? (Select all that apply)

Physiotherapy (Centred-based)

Medical Services – paediatrician

Occupational Therapy

Specialized Clinics (e.g. Botox, Orthotic, Othopaedic, Nutrition etc.)

Speech Language Pathology

Family Engagement Team supports

Therapeutic Recreation

Service Navigation

Audiology or Infant Hearing

Fee-for-Service

School-Based Rehabilitation

Campbell Children's School

Preschool Outreach Program

Other (please describe) _____

Autism Program

Your story:

How did you hear about the Grandview Kids FAC?

- Grandview Kids staff member From a friend/peer
 Grandview Kids website or social media channels Other (please describe) _____

Briefly tell us your story (or the child's story), including your experience with Grandview Kids.

Why are you interested in joining Grandview Kids' Family Advisory Council (FAC)?

Please describe previous advocacy or advisory work you have participated in, if applicable.

Are there barriers to you participating in the FAC, which you think Grandview Kids could help with so you could better participate?

Your availability and preferences:

Are you able to attend four, two-hour meetings per year? (virtual or in-person) Yes No

Are you able to join the FAC for a *minimum* of two years? Yes No

FAC members are required to see beyond their own personal experiences in order to listen to other perspectives and come to a solution that could work for everyone. Are you able to do this? Yes No

What is your preferred meeting time, if you were invited to join the FAC? (*select all that apply*)

- Daytime, Monday to Friday Evening, Monday to Friday Daytime, Saturday Daytime, Sunday
 It doesn't matter to me

Consent:

I understand that submitting an application and/or being interviewed does not guarantee a position as a Grandview Kids Family Advisory Council (FAC) member.

I declare the above information to be true and complete to the best of my knowledge. I understand that false information may disqualify me or lead to my dismissal from the FAC, if selected.

Name _____ Signature _____ Date _____

Thank you for your application. Our Family Engagement team will be in touch with next steps.

Every child and youth living life at their full potential

Tel: 905-728-1673 or Toll-Free 1-800-304-6180 | www.grandviewkids.ca |   