Cincinnati Children's

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Staff Advisor
Cincinnati Children's Hospital Medical Center

2009 STAFF APPLICATION FORM

Thank you for your interest in the Family Advisory Council. Due to the high volume of staff applications we receive, we are unable to interview every applicant. We will contact you in May if you are selected to interview and will make our final selections in June 2009.

Your Name:_____ Position/Title:_____

Division/Department_____ Email:_____

Phone:_____ FTE Status____ Mail Location_____ Years at Cincinnati Children's_____

1. Why are you interested in partnering with families on the Family Advisory Council?

2. What are some of the specific things that health care professionals do/have done to help you and your family when you receive health care services. (You may include experiences outside Cincinnati Children's.)

3. What are some of the things you would like health care professionals to do differently to better help patients and families?

By **June 5, 2009**, please email this staff member application form to fac@cchmc.org.