

PATIENT ADVISOR APPLICATION/EXPRESSION OF INTEREST

Thank you for your interest in being a patient volunteer and/or an advisor for Doha Clinic Hospital. Your interest in this role is much appreciated. The selection process for including patient advisors on DCH committee has been designed to help make sure that the engagement opportunity is a good fit for you and that you are a good fit on the committee. This application form is an important part of this process.

Please start by telling us a little about yourself:

First Name:

Last Name:

Address:

City/Town:

Postal Code:

Occupation/Designation: Mobile Number:

Email:

Your Communication Preference with us:

Telephone In Person Email Online Other

Tell us about the area of healthcare you are interested in:

Tell us about you (attach extra sheet if you wish):

Tell us about your preferred availability:

Are you able to provide your time regularly during weekdays, and during daytime hours or at least once/twice in a quarter?

Yes No

If so, tell us when are your available days in a month?

Are you interested in participating in our patient and family engagement forum & related activities/meetings?

Yes No

Authorization and Acknowledgement:

I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of an advisory placement, or dismissal after placement and my status may be immediately revoked by Doha Clinic Hospital at its own discretion. This information will be used to process my eligibility for a suitable Advisory position. Also, I understand that this is completely a voluntary service, and I would agree to volunteer as a Patient Advisor in Doha Clinic Hospital.

Signature: _____ Date/Year: _____

Thank you for your interest in collaborating with Doha Clinic Hospital