***Call for Applications***

**Are you a patient or community partner with a strong interest in helping to improve how health research is done?**

**Do you want to help bring patient and community voices to health research?**

**Join the Unity Health Toronto’s Patient and Community Engagement in Research Committee (PCERC)**

We are looking for:

* Patients, caregivers and community members who have experience giving advice for research projects.
* People who want to improve how we include patient and community voices in research and how we share research information with the community.

This committee aims to improve how research projects at our hospital engage our patients and community partners. It will work to build equity into our research frameworks and make sure the right resources and supports are in place, so that we can continue to build on these important relationships with our most valued partners.

As a patient and community partner, you will be compensated for the time you contribute.

For more information, please read the [PCERC Draft Terms of Reference](http://stmichaelshospitalresearch.ca/wp-content/uploads/2022/03/PCERC_ToR_2021-09-30_Draft_Public.pdf).

**Interested in joining?** Complete the following application form and email it to LKSKIresearch@unityhealth.to by **May 20, 2022**.

If you need help to complete this form, please email LKSKIresearch@unityhealth.to or call (416) 864-6060 ext. 49358 Monday to Friday between 10:00 AM and 3:00 PM.

**Patient & Community Engagement in Research Committee (PCERC)**

**Expression of Interest for Membership**

🡺 **Please submit your application by email to** **LKSKIresearch@unityhealth.to** **by May 20, 2022.**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **Mailing Address** |  |
| **Profession** |  |

**1. Which of the following options best describes you? Please choose any answer(s) that apply**

[ ]  I am a patient with a long-term medical condition or has experienced a significant illness

[ ]  I am a caregiver

[ ]  I am a community stakeholder advocating for partnership in health research (e.g., local community service worker, social worker, nurse, educator, public health professional)

[ ]  None applicable – Please specify:

**2. Why would you like to participate on PCERC? 1-2 sentences**

**3. Describe your personal, academic and/or partnership experience with health research that would help you contribute to PCERC. 2-3 sentences**

**4. If you feel comfortable, please share with us anything about yourself that pertains to your lived experience as a person who faced health inequities, an advocate/ally for the existing health inequities, an Indigenous person, a racialized person (visible minority), an individual with disability, a member of the LGBTQ2S+ community, and/or a woman. 1-2 sentences**

**What are the benefits of joining PCERC?**

PCERC members will have the opportunity to:

* impact, change and improve current engagement practices with patients and community partners in health research activities
* ensure patient and community voices are part of the research
* influence the future of research and increase the impact of research
* contribute to developing resources on how to ethically engage with patient and community partners
* build relationships with other patient and community partners

**How can you contribute to PCERC?**

* Members are expected to participate in 60-90 minute meetings, which will take place during regular business hours via Zoom video call or in-person.
* Members should be prepared to actively work on initiatives to advance the goals of the PCERC and should expect to spend an average of 1-2 hours weekly outside of the regular committee meetings to engage in the PCERC work, including, but not limited to, reading, editing and participating in events.
* Patient and community partners are asked to track their hours of work and report regularly, as they will be compensated for their time.
* Members should be committed to representing the interests of their peers by regularly communicating with and seeking feedback from their peer community.

**I have read and understood the PCERC member benefits and expectations as outlined above and the PCERC Terms of Reference as enclosed.**

[ ]  I agree

**I authorize that all information provided on this form, including any personal data and contact information, might be shared with the PCERC members to facilitate the application review process.**

 [ ]  I agree