

MSSU Patient Partner Expression of Interest

The Maritime SPOR SUPPORT Unit (MSSU) connects Patient Partners with opportunities to become involved in patient-oriented research in New Brunswick, Nova Scotia, and Prince Edward Island.

For more information about Patient Partners, visit: <http://www.spor-maritime-srap.ca/patients-and-public>.

Contact Information			
Surname	Given Name(s)	Preferred Name	Pronoun (e.g. She/He/They)
Mailing Address			
Street	City	Province	Postal Code
Telephone	Cell	Email	
Communication Preferences			
<p>1. How would you like to receive information about engagement opportunities? Please select one.</p> <p>Telephone Email</p> <p>2. Would you prefer to receive information in English or French? Please select one.</p> <p>English French</p>			
Interests			
<p>The MSSU supports research on a wide variety health topics. As a result, we are always interested in learning about health topics that are important to people living in the Maritimes.</p> <p>3. What health topics are you interested in?</p> <p>Select as many as you like. Use the "Other" box to indicate any other health-related topics.</p> <p>Chronic disease, for example Diabetes, Asthma, COPD, etc. Please specify:</p> <p>Aging and aging well, for example long-term care, dementia, etc.</p> <p>Social determinants of health, for example income, education, food security, etc.</p> <p>Administrative data, for example statistical analysis of a change in health care delivery</p> <p>Children's health</p> <p>Disability support</p> <p>Mental health</p> <p>Primary health care, for example access to family doctors</p> <p>Health technology</p> <p>Clinical trials</p> <p>Other - Please specify:</p>			

MSSU Patient Partner Expression of Interest *(continued)*

4. What kind of engagement opportunities are you most interested in? Select as many as you like.

- Volunteering as a member of a research team that meets regularly
- Joining an advisory committee that meets monthly or every two months
- One-time activities, for example workshops or surveys
- Participating in online events, for example webinars or Twitter chats
- Other - Please specify:
- I'm not sure. I would like to discuss this with someone from the MSSU.

Additional information

5. How did you hear about the MSSU?

- I saw a poster in a clinic or other location - Please specify:
- Information was sent to me by a community group or charity
- I found information on a volunteer website
- I received information through social media
- A friend, family member, or colleague told me about it
- MSSU website
- Other - Please specify:

Privacy Information

- MSSU follows provincial legislation and internal records management policies when collecting and storing your information. This help us collect and store your information securely.
- MSSU will use your contact information to tell you about engagement opportunities such as activities, committees, and research projects. We will also use your contact information to help you get involved in these opportunities. This could involve introducing you to people such as researchers, project leads, and other MSSU staff.
- MSSU will not share your information without your consent. The only exception would be if we are required to share this information by law.

Signature

Please type or sign your name below.

Signature:

Date:

Please submit this form by email to:

Yvonne Hanson, MSSU Patient Engagement Coordinator, at yvonne.hanson@nshealth.ca.

The MSSU Patient Engagement Coordinator will contact you to discuss your interest.