

MEMBER APPLICATION FORM

Name: _____ Phone Number: _____

Mailing Address: _____

Please Check One:

 General Public Chaplain Physician Health Care Provider Other _____

Membership Criteria:

1. Members must possess an interest in Ethics.
2. Members do not have to be knowledgeable about the health care system.
3. Members must be able to put aside his/her own judgements while assessing the logic and reasoning of those with different values.
4. Members must be willing and able to work cooperatively with people who come from different areas within the health care setting and community.
5. Members must be interested in learning about ethics. This subject is distinct from medicine and patient care.
6. Members must be critical thinkers, able to follow an idea logically and possess sufficient discipline or patience to contemplate a problem before moving to an answer. (Critical thinking means to have a questioning attitude toward easy and even obvious answers without being adversarial.)
7. Members must abide by the Ethics Committee Terms of Reference including the requirement to attend a sufficient number of Committee meetings.

Selection will be balanced to meet membership requirements as outlined in the Ethics Committee Terms of Reference.

Please answer the following questions:

1. Please describe why you are interested in serving on this committee?

2. What relevant training/experience have you had with ethical decision making?

3. What do you understand the role of the Ethics Committee to be?

4. Can you give us an example where you worked cooperatively with a group of people who held different ideas on a particular subject?

5. How do you go about solving a complex problem?

6. What steps do you take in solving a conflict with another person or within a group?

7. If selected to serve on this Committee, what would be your most important objective?

HOW TO REACH US:

*** Completed forms are placed in a sealed envelope marked "Confidential" and addressed to the appropriate Ethics Committee.**

*** Leave at a Northern Health facility or go to the nearest HSDA administration office.**