

Please complete the following information:			
Date of Application		Street Address	
Legal First Name			
Preferred First Name		City	
Middle Name		Province	
Legal Last Name		Postal Code	
Mobile Phone		Home Phone	
Email Address			
Date of Birth (dd/mm/year)		Age	
Level of Education Completed		Current Occupation	
Languages spoken other than English			
Are you a current student at Dalhousie University?	<input type="checkbox"/> Yes	If Yes, please specify field of study/school	
	<input type="checkbox"/> No	Dalhousie Banner ID	B00
Are you a current employee of Dalhousie University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify department/school	
Have you previously been a student or employee of Dalhousie University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify department/school	
How did you hear about our Volunteer Patient (VP) program? If it was from a current VP, please tell us their name.			
What interests you about being an VP?			

Please briefly outline any acting, simulation, or role-playing experience you have.	
Please briefly outline any teaching experience you have.	
Please briefly outline your interests/hobbies.	
To facilitate your participation in our program, it is helpful for us to know your availability. Please list any times you might be <u>unavailable</u> on a regular basis, including weekends.	

In order to help us determine your suitability for specific simulations, please provide the following information:			
Height		Weight	
Surgical or significant scars		Tattoos or body piercings	
Pre-existing medical conditions (including any wearable devices)		Physical findings (e.g. limited range of motion, heart murmur, birth mark)	
Some of our simulations involve history-taking, communications skills, and/or a physical examination. Would you be comfortable having a non-invasive physical exam performed on you (e.g. listen to heart, listen to lungs, abdominal exam, knee exam, shoulder exam)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in learning more about our ongoing sensitive exam training (e.g. breast exam, speculum/bimanual exam, external genital exam, digital rectal/prostate exam)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a parent or guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are a parent or guardian for a child under age seven and are interested in learning more about participating with your child in pediatric programming, please let us know. Please also note the name, date of birth, and self-identified gender of your child/children.		<input type="checkbox"/> Yes; please specify: <input type="checkbox"/> No	

In order to help us determine your suitability for specific simulations, please provide the following information:

Gender Identity / Expression	<p>Language, particularly in relation to gender identity and gender expression, involves social constructs which evolve over time. The options presented are not meant to label individuals but are meant to be helpful functional descriptors. They are not standardized and may be used differently by different people.</p> <p>Gender identity refers to each person's internal and individual experience of gender. It is their sense of being a woman, man, both, neither, or anywhere along or outside of the gender spectrum.</p> <p>Gender expression refers to how a person expresses their gender through behaviour and outward appearance such as dress, hair, make-up, body language, and voice. A person's name and pronoun are also common ways of expressing gender identity.</p>	<p>How do you describe your gender identity/expression? Select all that apply.</p>	
		<p> <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender female <input type="checkbox"/> Transgender male <input type="checkbox"/> Two Spirit <input type="checkbox"/> Queer <input type="checkbox"/> Cisgender female (you self-identify with your gender assigned at birth) <input type="checkbox"/> Cisgender male (you self-identify with your gender assigned at birth) <input type="checkbox"/> Not listed. Please specify: </p>	
		<p>What pronouns do you use?</p> <p> <input type="checkbox"/> He/him <input type="checkbox"/> She/her <input type="checkbox"/> They/them <input type="checkbox"/> Not listed. Please specify: </p>	
Diversity self-identification	<p>Indigenous or Aboriginal: Indigenous or aboriginal persons include people who identify as First Nations (Status, Non-Status, Treaty) Metis, Inuit, Native, or North American Indian (inclusive of North, Central America, and the Caribbean).</p> <p>Racial/Ethnic group membership: Racialized persons are people (other than indigenous or aboriginal persons) who are non-white in colour and non-Caucasian in race, regardless of their place of birth or citizenship (sometimes referred to as 'racially visible' or 'visible minority').</p>	<p>Do you identify as indigenous or aboriginal?</p>	
		<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer </p>	<p>If yes, please specify:</p>
Person with a disability	<p>Persons with a disability are people who have a chronic, long-term, or recurring physical, sensory, mental, learning, or intellectual impairment, that, in interaction with a barrier, hinders that person's full and effective participation in society. This includes, but isn't limited to, people whose functional limitations due to their impairment have been accommodated in their workplace (e.g. by the use of technical aids, changes to equipment or other working arrangements).</p>	<p>Do you identify as person with a disability?</p>	
		<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer </p>	<p>If yes, please specify:</p>