

Patient Partner Participation Form

To Project Leads and/or Coordinators:

Please send the completed form and the back-ups below to Mildred Lim at mildred.lim@uhnresearch.ca no later than 1 week from date of meeting. Thank you.

Name of Patient Partner(s)			
1)	6)		
2)	7)		
3)	8)		
4)	9)		
5)	10)		
Grant Competition Name <i>(where applicable)</i>			
Project Title <i>(where applicable)</i>			
Name / Purpose of Meeting			
Date of Meeting			
Time of Meeting	START:		END:
Budget Source for Compensation <i>– Please check off ✓</i>	DAC Funding:		Project Funding:
If DAC Funding, please indicate Compensation Amount – <i>Please refer to Compensation Table on page 2</i>	Rate	# of hours including prep time	Total Compensation per Patient Partner

Submitted by: _____

Date: _____

Enclosed: *Patient Partner Compensation Rates*

Patient Partner Compensation Rates

(extracted from DAC-2017-05-02 Financial Compensation Policy)

	Hourly Rate	Half-Day (4 hrs)	Full-Day (7 hrs)
Participant in training event	\$25/hr	\$75	\$150
Consultant role (The Patient partner offers his/her opinion, advice or feedback)	\$25/hr	\$75	\$150
Collaborator role (Member of a research team and takes joint decisions with research projects leads.)	\$25/hr	\$75	\$150
Strategic role (Steering Council and its committees; POR Program Committee)	\$25/hr	\$75	\$150
Member of a Patient Council	<ul style="list-style-type: none"> - \$95/meeting (including 0.5 hrs of prep time & 2 hrs for document review); - \$50/meeting – absent from meeting and sends comments/feedback on documents via email 		
Patient Partnership consultant (provide specific expertise, or works to improve a particular component of the Network.)	\$50/hr	\$150	\$300