

**UNIVERSITY OF MANITOBA
STANDARDIZED PATIENT APPLICATION**

NAME: _____
Surname First Name Initial

ADDRESS: _____
House/Apt. Number Street

CITY/PROVINCE: _____ **POSTAL CODE:** _____

TELEPHONE: _____ - _____
Home Office

MOBILE: _____ - _____ **E-MAIL:** _____
Cellular/pager

SIN: _____ **OCCUPATION:** _____

DATE OF BIRTH: _____ / _____ / _____ **SEX:** _____
Day Month Year

1. How did you find out about being a Standardized Patient?

2. What interests you about being a Standardized Patient?

3. Do you have any experience acting, teaching, or working in a health care field? If yes, please describe.

4. Please describe your experiences with physicians and other health care providers.

5. How would you describe your personal style? (e.g. talkative, quiet, easy-going, etc.)

6. What behaviour, feelings, character traits do you think you could most likely portray?

7. Are there situations that you would feel very uncomfortable portraying?
(for example, a dying patient, a victim of rape or abuse, cases involving abortion, mental health problems, certain parts of a physical exam, etc.)If yes, please describe.

8. Are you available to work (training, role-playing) weekday business hours?

Yes _____ No _____

9. Is there anything else you would like to tell us about yourself? _____

DATE: _____

SIGNATURE _____

PRINT NAME _____