

**UNIVERSITY OF MANITOBA
STANDARDIZED PATIENT APPLICATION
(FOR PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR)**

CHILD'S NAME: _____
Surname First Name Initial

GUARDIAN'S NAME: _____
Surname First Name Initial

ADDRESS: _____
House/Apt. Number Street

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

TELEPHONE: _____ - _____
Home Office

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

PARENT'S SOCIAL INSURANCE NUMBER: _____

CHILD'S DATE OF BIRTH: _____ / _____ / _____ **GENDER:** _____
Day Month Year

1. How did you find out about the Standardized Patient Program?

2. What interests you about participating in the Standardized Patient Program?

3. Do you or does your child 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 child's 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 your child and/or yourself? _____

NAME _____ (Please Print) DATE: _____
OF PARENT / LEGAL GUARDIAN

SIGNATURE _____
OF PARENT / LEGAL GUARDIAN