

## Canadian Cancer Society

### Patient Partner Activity Log

As a valued patient partner of the Canadian Cancer Society (“CCS”), your contributions and time are important to us. To ensure your hours are accurately logged, we kindly ask that you use this tracking sheet to keep a record of all your activities conducted for CCS. Please review the Patient Partner Compensation Policy and Procedures for more details on the rate, as well as the payment options available to you. Please submit this form to your CCS staff liaison every 6 months or at the agreed upon times so that we can provide you with your preferred payment in a timely manner. All cheques will be mailed to the address provided with your submission. Please be advised that it typically takes 5-10 days to process your payment, plus additional courier time. Thank you for your support and contribution to CCS. We value your partnership!

First and Last Name:

Period of Engagement (e.g. January – April 2024):

Engagement Record:

<b>Activity Name</b> (e.g. Research competition review)	<b>Description</b> (e.g. panel meeting, document review, mileage)	<b>Date of Activity</b> (e.g. January 10, 2024)	<b>Compensation Rate</b>	<b>Number of Hours</b>
			\$	
			<b>Total Hours</b>	
			<b>Total Payment</b>	\$

Preferred Form of Payment:

- I wish to accept payment in the form of cash (cheque) for my total contribution
- I wish to accept payment in the form of cash (Electronic Funds Transfer (EFT)) for my total contribution – *see form for banking information*
- I wish to accept payment in the form of a gift card for my total contribution (please list desired gift card(s): \_\_\_\_\_)
- I wish to accept payment in the form of cash (cheque/EFT) and in-kind payment (please describe): \_\_\_\_\_
- I wish to accept payment in the form of a gift card and in-kind payment (please describe): \_\_\_\_\_
- I do not wish to receive any form of payment
- Other (please describe): \_\_\_\_\_

Special Requests:

Please describe any special requests you may have in receiving payment for your contribution.

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Preferred Frequency of Payment:

- Please process my payment upon receipt of this submission
- Please keep my hours logged for now; I will inform you when I wish to receive payment  
*(Hours can be stored until the end of the calendar year)*
- I do not wish to receive any form of payment

*By signing below, you are acknowledging that you completed the work above and agree to receiving recognition in the preferred form of the payment selected above.*

**Privacy & Confidentiality**

I understand that my personal information provided below is being collected by CCS and will be strictly used for payment purposes and stored securely in the CCS network. It will be accessible only to the CCS staff member and finance member working with me. This information will only be used and shared for the purposes identified above, or as required by law. This information will be destroyed after 3 years of inactivity (3 years after I have stopped engaging with CCS). For more information about our privacy practices, visit- <https://cancer.ca/en/privacy-policy>.

First Name and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Insurance Number (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date