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**European Certificate in Essential Palliative Care course booking form**

( Free place funded by HEE)

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| **Spring Course: 19 April – 16 June 2021** |

**Personal details**

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| **Title:** |  | **First name:** |  |
| **Surname:** |  |
| **Where did you hear about this course?** |  |
| **Do you have any special requirements/ learning needs?** | Yes | [ ]  | No | [ ]  |
| **If yes, please specify below:** |
|  |

**Job details**

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| **Please indicate your job role:** |
| Doctor | [ ]  | Nurse | [ ]  | Pharmacist | [ ]  | Physiotherapist | [ ]  |
| Occupational therapist | [ ]  | If other, please specify: |  |
| **Job title:** |   |
| **Place of work:** |  |

**Contact details**

Please note that email will be the main means of contact, so please write clearly and inform the Course Administrator as soon as possible if it should change

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| --- | --- |
| **Address:** |  |
| **Phone number:**  |  |
| **Email:** |  |

**Professional Healthcare Qualifications**

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| **Qualification** | **Level** | **Date achieved** |
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**Course requirements**

* Possession of a relevant professional healthcare qualification.
* Working in a suitable practice setting, caring for patients requiring palliative care.
* Recommended approximately 50 hours of home study during the eight weeks.
* Virtual attendance on assessment day via Zoom.
* Access to email.
* As this is an intense course over an 8 week period, we highly recommend that candidates avoid lengthy holidays or other large projects/commitments during the course dates.

**Due to the nature of the course content, it is not advisable to undertake this course if you have had a recent bereavement yourself.**

I confirm that the information I have given is correct and that I have read and agree to abide by the course requirements.

**Signature of Candidate:** **Date:**

**Personal statement**

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| **Please write a short statement explaining why you are interested in undergoing this course**  |
| In a maximum of 300 words you might want to consider:* What are your learning needs around palliative and end of life care?
* What do you hope to gain from attending the course?
* How do you see it influencing your future practice?
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**Information for Nominating Manager**

Candidates are recommended approximately 50 hours of home study during the eight weeks course and will require time off to attend the exam day.

**Nominating Manager**

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| **Name** |  | **Role** |  |
| **Email**  |  | **Work telephone/mobile** |  |
| **Organisation** |  |
| **Name of staff member you are nominating for the course** |  |
| **Please complete a short statement explaining how you will support this staff member to engage with the course.** |
| Please consider: study time, mentorship/support in practice, ensuring time off on the assessment day. |

 **Withdrawal**

If a candidate wishes to withdraw from the course before the start date, an administration charge of **£50** will be levied to the organisation from which the candidate was nominated.

If a candidate wishes to withdraw from the course after commencement of the course, charge of **£150** will be levied to the organisation from which the candidate was nominated.

**Deferral**

If a candidate wishes to defer to a later course, each request will be considered on a case by case basis and an administration fee of **£50** will be levied to the organisation from which the candidate was nominated

I have read and agree with the above conditions

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| --- | --- | --- | --- |
| **Signature** |  | **date** |  |