 

**West Yorkshire & Harrogate**

**Advance Care Planning & Bereavement Support Training**

**For Health and Care Staff**

**Train the Trainer Facilitator Course – Spring 2021**

**Application Form**

Please ensure that ALL the sections in this form have been completed

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |   | Surname |   |
| Current Role |  | Profession |  |
| Organisation |  |
| Work address/ base, including postcode |   |
| Locality/CCG(s) covered  |   |
| Work telephone |   | Work mobile |  |
| Work email |  | Own mobile |   |
| Length of time in current role (years & months) |  | How many days a week do you work in your current role? |  |
| What proportion of your current role is spent facilitating / educating/ supporting group or individuals? |   |

**The Training**

|  |  |
| --- | --- |
| Day 1 | Facilitator role development Surname  |
| Day 2 | Advance care planning and communication skills trainingProfession |
| Day 3 | Bereavement Support Training |

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**Requirements for Applicants**

* Good communication skills
* Skills in training and/or facilitating groups in a safe and supportive environment
* An understanding of Advance Care Planning and the Mental Capacity Act

Link to resource for further reading:

[ACP\_resource\_pack.pdf (wyhpartnership.co.uk)](https://www.wyhpartnership.co.uk/application/files/4115/9768/0128/ACP_resource_pack.pdf)

* Access to the internet and a PC/laptop with camera and microphone
* Understanding of the need to work with another facilitator to deliver the training
* Organisational and managerial agreement to release for facilitator training
* Organisational and managerial agreement to allow facilitators to pair up to deliver the training

 (this might be with facilitators from other organisations/groups if necessary)

* Organisational and managerial agreement to allow facilitator to deliver the cascade training to a minimum of 30 people (working in a pair with another facilitator)

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

**Personal Statement**

Please write a short statement (no more than 300 words) explaining why you are interested in undergoing this course. Please include:

* your relevant skills & experience e.g. previous roles, experience of having important ACP conversations and/or offering bereavement support
* details of any communication skills training you have received previously
* details of training and/or facilitation roles you have been involved with
* how you plan to cascade the training; who do you plan to offer the training to

 

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**Training Dates:**

Please choose the training you wish to attend by entering 1, 2, 3, 4 into the ‘preference’ box to indicate your preference:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training delivered by: | Day 1 | Day 2 | Day 3 | Preference |
| Wakefield Hospice | 22nd February 2021 | 23rd February 2021 | 24th February 2021 |  |
| St. Gemma’s Hospice, Leeds | 3rd March 2021 | 4th March 2021 | 5th March 2021 |  |
| Wakefield Hospice | 17th March 2021 | 18th March 2021 | 19th March 2021 |  |
| St. Gemma’s Hospice, Leeds | 25th March 2021 | 26th March 2021 | 29th March 2021 |  |

All three study days will run from **09.30-15.30** and will be delivered virtually.

Further information around joining the sessions will be sent via email to successful applicants



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**APPLICANT COMMITMENT**

|  |
| --- |
| I confirm that I meet the essential eligibility criteria for this course.   |
| Signature |   | Date |  |

**NOMINATING MANAGER COMMITMENT**

|  |  |
| --- | --- |
| I am the manager of (name) |   |
| Please refer to the eligibility criteria and give a brief outline of how the applicant will be supported:  |
| Name |   | Role |   |
| Organisation |    |
| Email address |   | Work telephone/ Mobile |   |
| Signature |   | Date |   |

**Please return to:**

**janec@st-gemma.co.uk** St. Gemma’s Hospice, Leeds

 **Or**

**Janet.millard@wakefieldhospice.co.uk** Wakefield Hospice

Continuation sheet (if required)