 

**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 training  Profession |
| 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**](mailto:janec@st-gemma.co.uk) St. Gemma’s Hospice, Leeds

**Or**

[**Janet.millard@wakefieldhospice.co.uk**](mailto:Janet.millard@wakefieldhospice.co.uk) Wakefield Hospice

Continuation sheet (if required)