 

**West Yorkshire & Harrogate Advance Care Planning & Bereavement Awareness**

**Webinar**

**Application Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |   | Surname |  |
| Your role/responsibility |  |
| Organisation or group you are involvement with |  |
| Locality  |   |
| Contact telephone |  |
| Contact email |   |

**The Webinar-** requires access to the internet and a PC/laptop with camera and microphone

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| --- |
| 3 ½ hours comprising of three key areas… |
| 1 |  Future wishes (*also known as* *Advance care planning*)Surname  |
| 2 | Bereavement Awareness  |
| 3 | The role of a Champion |

**Dates and times-** Please choose the session you wish to attend by entering 1 or 2 into the ‘preference’ box to indicate your preference:

|  |  |  |
| --- | --- | --- |
| Date | Time | Preference |
| Thursday 2nd December | 12:30 – 16:00 |  |
| Tuesday 18th January  | 09.30-13.00 |  |

 Information around joining the virtual sessions will be sent via email to successful applicants.

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

**Requirements for Applicants**

* Good communication skills
* Skills in supporting individuals or groups
* Organisational support

Having attended this webinar, we would like to invite you to become a **Champion,** sharing information and giving support to others. You will receive support from the Hospice Education Hubs, be invited to group events with other champions, and have access to a bank of resources.

**Personal Statement**

Please write a short statement (no more than 300 words) explaining why you are interested in attending this webinar and becoming a champion. Please include relevant skills & experience that would support you in this role.

**Applicant Commitment**

|  |
| --- |
|  I can confirm that I meet the requirements to become a Champion   |
| Signature |  | Date |  |

**Nominating manager/supervisor commitment**

|  |  |
| --- | --- |
| I am the manager/supervisor of (name) |   |
| Please 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

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**Closing Date Friday 19th November** *(successful candidates will be contacted after tis date*

**Continuation sheet (if required)**