**The Principals of Palliative and End of Life Care Course application form**

(Places funded by WYCA)

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| **Spring Course: February 2023 – May 2023** |
| **Autumn Course: September 2023 – December 2023** |

**Personal details**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Click or tap here to enter text. | **First name:** | | Click or tap here to enter text. | | | |
| **Surname:** | Click or tap here to enter text. | | | | | | |
| **Where did you hear about this course?** | Click or tap here to enter text. | | | | | | |
| **Do you have any special requirements/ learning needs?** | | | Yes | |  | No |  |
| **If yes, please specify below:** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |

**Job details**

|  |  |  |
| --- | --- | --- |
| **Please indicate your job role:** | | |
| **Job title:** | | Click or tap here to enter text. | |
| **Place of work:** | Click or tap here to enter text. | |

**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

|  |  |
| --- | --- |
| **Address:** | Click or tap here to enter text. |
| **Phone number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Professional Health/Social Care Qualifications**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Level** | **Date achieved** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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**Course requirements**

* Candidates will require a laptop, iPad with camera and mic, internet for online sessions
* Candidates will be required to attend all sessions they are allocated to (H-healthcare professional, S- social care professional), complete a workbook and pass an oral poster presentation assessment.
* Candidates must attend all full day classroom sessions and be absent for no more than two of the online topic sessions. If they are absent for a topic session they must arrange to meet with their academic supervisor to discuss the session. If candidates fail to attend the minimum requirement they will be given the opportunity to access the required sessions on the next cohort and must do this before they can take their final assessment.
* To enrol on the course the candidate must have a workplace mentor in a senior role. Mentors will be invited to attend the introduction session.
* Mentors will support the candidate to complete their workbook by evidencing how the knowledge and skills are being implemented in practice.

**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:** Click or tap here to enter text. **Date:** Click or tap to enter a 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?   Click or tap here to enter text. |

**Information for Mentor**

A work place mentor will be required to support the candidate to complete their workbook by evidencing how they use their knowledge and skills in practice.

**Mentor Details**

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| --- | --- | --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | | **Role** | Click or tap here to enter text. | |
| **Email** | Click or tap here to enter text. | | **Work telephone/mobile** | | Click or tap here to enter text. |
| **Organisation** | | Click or tap here to enter text. | | | |

**Information for Manager**

This is a fully funded course. A commitment is required by the candidate to attend a minimum of required sessions over the twelve week period. This comprises:

4 x full days study (Classroom at St. Gemma’s Hospice)

20 hours virtual study sessions (varying in length 2.5, 3, 4 hours)

Assessment Day (Classroom at St. Gemma’s Hospice)

**Manager Details (if different from Mentor)**

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| --- | --- | --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | | **Role** | Click or tap here to enter text. | |
| **Email** | Click or tap here to enter text. | | **Work telephone/mobile** | | Click or tap here to enter text. |
| **Organisation** | | Click or tap here to enter text. | | | |

**Withdrawal**

If a candidate wishes to withdraw from the course after commencement of the course, a charge of **£50** will be levied to the organisation from which the candidate was nominated.

**Statement**

I have read and agree with the above conditions, I will support the candidate to have the time to attend the taught sessions, complete the workbook and attend the assessment day.

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| --- | --- | --- | --- |
| **Signature** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |