**Introduction to Palliative and End of Life Care Programme application form**

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| **Programme: September – November 2025** [ ]  |

**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. |
| **Ethnicity:** | Choose an item. |
| **Gender:** | Male: [ ]  | Female: [ ]  | Non-binary: [ ]  | Other: 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 health problems or disabilities?:** | Yes |[ ]  No | [ ]  |
| **If yes, please specify below:** |
| Click or tap here to enter text. |

**Job details**

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| **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 programme administrator as soon as possible if it should change.

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| **Home address & postcode:** | Click or tap here to enter text. |
| **Phone number:**  | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Programme requirements**

By enrolling on the programme candidates and their line manager are in agreement that they can meet the level of commitment required:

* to attend the following sessions: Difficult Conversations, Advance Care Planning, Care in the last days of Life and be absent for no more than two of the other sessions;
* to have access to a laptop or iPad with camera and mic and internet for online sessions;
* to meet with their academic supervisor to discuss the content of any session they are unable to attend;
* to discuss with their academic supervisor the article they have chosen to review;
* to work with the support of their practice based mentor to complete a workbook;
* to provide evaluation feedback for the programme;
* to submit their summative assessment (review of a journal article) and their completed workbook by 12MD on the specified date for submission.

**Due to the nature of the programme 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 programme requirements. *Please tick here* [ ]

**Name 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 programme.** |
| In a maximum of 200 words explain why you want to attend the programme.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.

**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**

The candidate is committed to attend a required minimum of sessions over the six-week period, as outlined in the programme requirement section.
The programme comprises:

* 27 hours virtual study sessions (3 hour sessions)

**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. |

**Payment Details**

The following section must be completed in order for places to be secured.

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| --- | --- |
| **Contact name Finance Dept:** | Click or tap here to enter text. |
| **Job Title:** | Click or tap here to enter text. |
| **Finance Dept email:** | Click or tap here to enter text. |
| **Funding organisation/trust:** | Click or tap here to enter text. |
| **Address of funding organisation/trust:** | Click or tap here to enter text. |
| **PO Number:** | A purchase order number **must** be included here.Click or tap here to enter text.  |

**Withdrawal**

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

**Manager Statement**

I have read and agree with the above conditions, I will support the candidate to have the time to attend the taught sessions and to complete the workbook and summative assessment (write a reviw of a journal article). *Please tick here* [ ]

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| **Name** | Click or tap here to enter text. | **Date** | **C**lick or tap to enter a date. |

This Privacy statement explains why we need personal data about you, how we use it, and the steps we take to ensure that it is kept secure.

**How is the information used?**

The information is used to check eligibility and residency so that funding for the programme can be generated.

It is important that you read this privacy statement together with any statements or fair processing notices we may provide on specific occasions when we collect or process personal data so that you are fully aware of how and why we are using your data. This privacy statement supplements those other notices and is not intended to override them.

**Please tick to confirm that you consent to us using your personal data in accordance with this statement.** [ ]