# **European Certificate in Essential Palliative Care course booking form**

If completing this form by hand, please use BLOCK CAPITALS.

**Course dates**

Please tick which dates you wish to attend.

|  |  |
| --- | --- |
| **Autumn Course: 16 September – 13 November 2019** |  |
| **Spring Course: 20 April – 17 June 2020** |  |

The closing date for applications is two weeks prior to the commencement of the course.

**Registration site**

Please indicate which venue you wish to attend. This will be the site where you attend the assessment day. Please note that your chosen venue cannot be changed after registration.

|  |  |
| --- | --- |
| **Princess Alice Hospice, Esher, Surrey** |  |
| **Northern Ireland Hospice, Belfast** |  |
| **St Mary’s Hospice, Birmingham** |  |
| **Severn Hospice, Shrewsbury** |  |
| **The Hospice of St Francis, Berkhamsted** |  |
| **Roxburghe House, Aberdeen** |  |
| **St Gemma’s Hospice, Leeds** |  |

**Personal details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | **First name:** |  | | | | |
| **Surname:** |  | | | | | | |
| **Where did you hear about this course?** |  | | | | | | |
| **Do you require disabled access?** | | | | Yes |  | No |  |
| **Do you have any other special requirements?** | | | | Yes |  | No |  |
| **If yes, please specify below:** | | | | | | | |
|  | | | | | | | |

**Job details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate your job role:** | | | | | | | | | |
| Doctor |  | Nurse | | |  | Pharmacist |  | Physiotherapist |  | |
| Occupational therapist |  | If other, please specify: | | | |  | | | | |
| **Please specify your area of practice:** | | | | | | | | | | |
| Community |  | | Acute trust | |  | Care home |  | Hospice |  | |
| If other, please specify: | | |  | | | | | | | |
| **Job title:** | | | |  | | | | | | |
| **Place of work:** | | |  | | | | | | |

**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:** |  |
| **Phone number:** (including international code) |  |
| **Email:** |  |

**Professional Healthcare Qualifications**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Level** | **Date achieved** |
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**Course type**

|  |  |  |
| --- | --- | --- |
| **Which course are you applying for?** | | |
| **Certificate course** | £450 |  |

**Payment details**

Please note that confirmation of a place will not be possible without completed payment details.

I wish to book this course and pay by (please tick and complete as appropriate):

|  |  |
| --- | --- |
| **Cheque** |  |

I enclose a cheque for the fee of £450:

**If you are applying for the Princess Alice Hospice (Esher), Birmingham St Mary’s Hospice, Severn Hospice (Shrewsbury) or Northern Ireland Hospice (Belfast) site, please make cheque payable to:**

Princess Alice Hospice

**If you are applying for the Hospice of St Francis, Berkhamsted site, please make cheque payable to:**

The Hospice of St Francis

**If you are applying for the Roxburghe House, Aberdeen site, please make cheque payable to:**

Palliative Care MCN

**If you are applying for the St Gemma’s Hospice, Leeds site, please make cheque payable to:**

St Gemma’s Hospice

|  |  |
| --- | --- |
| **Card** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Card Number:** |  | | |
| **Security Number:** (three digits on back of card) |  | **Expiry date:** |  |

|  |  |
| --- | --- |
| **Invoice** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Job title:** |  |
| **Department:** |  |
| **Organisation:** |  |
| **Contact number or email:** |  |
| **Address:** |  |
| **PO Number:** | Please check with your organisation whether a purchase order number is required and include it here: |

I request an invoice to be sent to:

**Notes**

**Withdrawal**

* If a candidate wishes to withdraw from the course before the start date, the candidate will receive a refund of the fee less an administration charge of £50.
* If a candidate wishes to withdraw from the course after commencement of the course, the candidate will receive no refund.

**Deferral**

* If a candidate wishes to defer to a later course, each request will be considered on a case by case basis and an administration fee will be levied.

**Cancellation by us**

* Occasionally, situations beyond our control mean we have to cancel a course. In the unlikely event that a course is cancelled, delegates will be informed as soon as possible and offered a priority place for the next available course or a full refund of fees paid if they prefer.

**Course requirements**

* Possession of a relevant professional healthcare qualification.
* Working in a suitable practice setting, caring for patients requiring palliative care.
* Recommended approximately 50 hours of home study during the eight weeks.
* Attendance on Assessment Day at registered site (last day of course).
* Access to email.
* As this is an intense course over an 8 week period, we highly recommend that candidates avoid lengthy holidays or other large projects/commitments during the course dates.

**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 notes and requirements.

**Signature of Candidate:** **Date:**

**Keeping in Touch –** *We would like to be able to keep you informed about our education services but if we do not have your permission, we cannot get in touch with you to share regular updates on Princess Alice Hospice education sessions / study days and receive our twice yearly Education Prospectus*

**Yes No**

Would you like to hear from us by **EMAIL**:

Would you like to hear from us by **POST**:

Would you like to hear from us by  **PHONE**:

*We never share, swap, sell or rent our customer details to other charities or third parties for marketing purposes. For details of how we manage your data please see* [*www.pah.or.guk/privacy/*](http://www.pah.or.guk/privacy/) *- if you would like to change the above permissions at any time, please contact the Education Department on 01372 461 988 or email education@pah.org.uk*

**Please return your form to:**

**For the Princess Alice Hospice, Birmingham St Mary’s Hospice, Severn Hospice or Northern Ireland Hospice sites:**

ECEPC, Education, Princess Alice Hospice, West End Lane, Esher, Surrey KT10 8NA

Email: [europeancertificate@pah.org.uk](mailto:europeancertificate@pah.org.uk)

**For the Hospice of St Francis, Berkhamsted site:**

Education Department, The Hospice of St Francis, Spring Garden Lane, Off Shootersway, Berkhamsted, Herts, HP4 3GW

Email: education@stfrancis.org.uk

**For the Roxburghe House, Aberdeen site:**

Roxburghe House, NHS Grampian, Ashgrove Road, Aberdeen, AB25 2ZH

Email: [nhsg.mcn@nhs.net](mailto:nhsg.mcn@nhs.net)

**For the St Gemma’s Hospice, Leeds site:**

Academic Unit of Palliative Care, St Gemma’s Hospice, 329 Harrogate Road, Moortown, Leeds

LS17 6QD

Email: marion.baldwin@st-gemma.co.uk