

**PRINCIPLES OF PALLIATIVE CARE (MODULE) APPLICATION FORM**



Please return this application form to: Sarah Eamus - Module Administrator, St Luke's Hospice (Harrow & Brent), Kenton Grange, Kenton Road, Harrow, Middlesex, HA3 0YG Tel: 020 8382 8015 E-mail: education@stlukes-hospice.org

**Title of Course:** Principles of Palliative Care (module) - Cohort 16 **Award: Credit 20 at level 6**  
**Closing date of application form:** Friday 30<sup>th</sup> August 2019  
**Start date of module:** Registration Friday 13<sup>th</sup> September 2019

How did you hear about the course?

- Hospice Website     Hospice Staff     Advertising     Recommendation     Course Flyer

Comments:

**DATA PROTECTION:**

In accordance with the Data Protection Act 1998, we are required to inform you that your details will be retained and held on file for administrative purposes by St Luke's Hospice (Harrow & Brent) and the University of West London. Please be assured that we will not pass this information on to any other organisation unless we have your prior consent.

St Luke's Hospice (Harrow & Brent) may take photographs during courses to be used for publicity and marketing purposes. Please contact a member of the Education & Professional Development team if you would not like us to use your image for these purposes.

Please tick to confirm you have read and accept the Data Protection terms and conditions above

<b>Personal Information</b>	<b>PROFESSIONAL DETAILS:</b>
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Surname:				Title	
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First Name(s):		
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Address (including Post Code):

Home Phone No:		Work Phone No:	
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Mobile Phone No:		Date of Birth:	
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Email address will be used to send you regular information before, during and after the course.

Email:	
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**SPECIAL NEEDS:**

The Education & Professional Development team at St Luke's Hospice (Harrow & Brent) has full disabled access to all areas of the building and can accommodate most special needs.

Please contact the Education & Professional Development administration on 020 8382 8015 if you have any specific needs which we should be aware of or can help you with.

Please specify any special dietary requirements:

**PROFESSIONAL DETAILS:**

Profession:	
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Current Role:	
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Place of Employment:	
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Professional Qualifications:		Hours of Work per week:	
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**NOTE:**

If you have not studied at degree level or above, you will need to attach evidence of previous study at Level 5 or above, or evidence of a work based portfolio which demonstrates theory applied to practice. Please ask if you need further clarification.

Please briefly describe your current work environment, demonstrating that you have sufficient adult patients requiring palliative care to meet the learning outcomes of the module (attached), explaining why you are applying for the course and what you hope to achieve from it:

I confirm that the details I have supplied above are correct and that I meet the entry requirements.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Where I am funded by my employer, I understand that my results, attendance and information about serious academic or other dishonesty will be shared with them by St Luke's Hospice (Harrow & Brent)

Signature:

Date:

**Payment - Please enclose with application form OR complete relevant details below**

**Please select your preferred method of payment with a tick '✓'**

<input type="checkbox"/> <b>By Cheque</b> Please make cheques payable to St Luke's Hospice (Harrow & Brent) Limited. Please put the Course Name on the back of the Cheque	<input type="checkbox"/> <b>By Credit Card or Debit Card</b> I authorise St Luke's Hospice to deduct the course cost from my account Please note that we do not take American Express
<input type="checkbox"/> <b>By Invoice</b> If invoicing please provide below the name, address and email of where the invoice should be sent:	Card Type (e.g. Visa / Mastercard / Switch)
Name (please print):	Amount:
Email:	Cardholder's Name:
Full Address:	Card No:
	Start Date:
	Expiry Date:
	Security Code (last 3 digits on the back of the card)

**If Organisation is Paying - Manager's Commitment to fund the Applicant:**

I support the applicant's funding request for this course and request an invoice to be sent to the organisation

Manager's Signature:	Job title:
Manager's Name:	Date:
Email:	Contact Number:

**Manager's authorisation for the applicant to attend the module (which includes 6 individual study days at St Luke's Hospice)**

**Manager's Name & Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Booking Conditions:**

- Your place on the course will be confirmed following receipt of your application form and payment.

- No refund can be made after the closing date and where participants do not attend without prior notice to Administration.
- In the event of you cancelling less than 2 weeks before the course start date, 50% of the course fee will be charged
- If candidate wishes to defer to a later course each request will be considered on an individual basis and may incur an administration fee
- If a course is cancelled by us, you will be informed as soon as possible and offered a priority place on the next course or a full refund

**FOR OFFICE USE ONLY:**

<b>Date of Evidence of Professional Qualifications Provided</b>	<b>Signature</b>
<b>Offer Letter and Timetable posted:</b>	<b>Signature:</b>
<b>Invoice request made to Finance</b>	<b>Signature:</b>
<b>Invoice Paid:</b>	<b>Signature:</b>
<b>STUDENT I.D NUMBER:</b>	