

General Information

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Personal Information	Application ID: (filled in by coordinating office)
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Academic Title:

Last Name: *

First/Middle Name : *

Date of Birth:

Nationality: *

Permanent Address (Residence)

Street: *

Number: *

Zip/Postal code: *

City: *

Country: *

State:

Phone (1): *

Phone (2):

E-Mail: *

Fax:

Contact Address (if different from permanent address)
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Street:

Number:

Zip/Postal code:

City:

Country:

State:

Phone (1):

Phone (2):

E-Mail:

Fax:

Understanding your context: Palliative Care in your country of residence

When did palliative care start in your country of residence? *

What is the title of the highest Palliative Care Certificate offered in your country of residence?

Is there a national palliative care association in your country of residence? *

yes

no

If yes: What is the name of the association?

Professional Experience

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Profession

What is your profession? *

If other profession,
please state your profession:

Professional Experience [01] (starting with current/ most recent position)

Name of institution: *

Country: *

City: *

How long have you been employed at this institution?*

From: *

To: *

Full/ Part time: *

Full time

Part time

Position held: *

Please describe the responsibilities that this position entails: *

Professional Experience [02]

Name of institution:

Country:

City:

How long have you been employed at this institution?

From:

To:

Full/ Part time:

Full time

Part time

Position you have held:

Please describe the responsibilities that this position entailed:

Professional Experience [03]

Name of institution:

Country:

City:

How long have you been employed at this institution?

From:

To:

Full/ Part time:

Full time

Position you have held:

Part time

Please describe the responsibilities that this position entailed:

Professional Experience [04]

Name of institution:

Country:

City:

How long have you been employed at this institution?

From:

To:

Full/ Part time:

Full time

Position you have held:

Part time

Please describe the responsibilities that this position entailed:

Professional Experience [05]

Name of institution:

Country:

City:

How long have you been employed at this institution?

From:

To:

Full/ Part time:

Full time

Position you have held:

Part time

Please describe the responsibilities that this position entailed:

Professional Experience [06]

Name of institution:

Country:

City:

How long have you been employed at this institution?

From:

To:

Full/ Part time:

Full time

Part time

Position you have held:

Please describe the responsibilities that this position entailed:

Professional Experience [07]

Name of institution:

Country:

City:

How long have you been employed at this institution?

From:

To:

Full/ Part time:

Full time

Part time

Position you have held:

Please describe the responsibilities that this position entailed:

more professional experience

Educational Background

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Highest Educational/ Professional Qualification/ Degree

Degree/ qualification: * Programme/ field of study: *

When did you complete/ obtain it? * Result/ final mark: *

Name of institution: *

Country: * City:

Website:

Please state up to three of your focus areas.* (max. 200 characters)

Did you receive any formal training in palliative care? * yes no

Formal Training in Palliative Care [01]

Title of qualification: Title of programme/ course:

When did you complete/ obtain it? Result/ final mark:

Number of hours of the course: Name of institution:

Country: City:

Website:

Formal Training in Palliative Care [02]

Title of qualification: Title of programme/ course:

When did you complete/ obtain it? Result/ final mark:

Number of hours of the course: Name of institution:

Country: City:

Website:

Formal Training in Palliative Care [03]

Title of qualification: Title of programme/ course:

When did you complete/ obtain it? Result/ final mark:

Number of hours of the course: Name of institution:

Country: City:

Website:

Formal Training in Palliative Care [04]

Title of qualification: _____ **Title of programme/ course:** _____

When did you complete/ obtain it? _____ **Result/ final mark:** _____

Number of course hours: _____ **Name of institution:** _____

Country: _____ **City:** _____

Website: _____

Formal Training in Palliative Care [05]

Title of qualification: _____ **Title of programme/ course:** _____

When did you complete/ obtain it? _____ **Result/ final mark:** _____

Number of course hours: _____ **Name of institution:** _____

Country: _____ **City:** _____

Website: _____

more formal trainings in palliative care

Other Professional/ Educational Qualification/ Degree [01]

Title of degree/ qualification: _____

When did you complete/ obtain it? _____ **Result/ final mark** _____

Name of institution: _____

Country: _____ **City:** _____

Website: _____

Other Professional/ Educational Qualification/ Degree [02]

Title of degree/ qualification: _____

When did you complete/ obtain it? _____ **Result/ final mark:** _____

Name of institution: _____

Country: _____ **City:** _____

Website: _____

Other Professional/ Educational Qualification/ Degree [03]

Title of degree/ qualification: _____

When did you complete/ obtain it? _____ **Result/ final mark** _____

Name of institution: _____

Country: _____ **City:** _____

Website: _____

Other Professional/ Educational Qualification/ Degree [04]

Title of degree/ qualification:

When did you complete/ obtain it?

Result/ final mark

Name of institution:

Country:

City:

Website:

Other Professional/ Educational Qualification/ Degree [05]

Title of degree/ qualification:

When did you complete/ obtain it?

Result/ final mark

Name of institution:

Country:

City:

Website:

more Educational/ Professional Qualification/ Degree

English Language Proficiency**PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.**

Excellent skills in reading, writing and speaking English (CEFR B2 or equivalent) are an entry requirement for this course. All participants will be required to provide proof of their level of English before starting the course.

Proficiency

Have you ever taken an English language test? * yes no

Name of the testing system:

Overall result/
CERF level *

Did you ever take a course or attend a program that was taught in English? * yes no

If yes, please specify when, for how long, where and what about:

Self rating (Please select: 10=mother tongue, 1=poor)

Understanding: *

Writing: *

Speaking: *

Reading: *

Motivation

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Experience in Palliative Care * (max. 1000 characters)

Please describe how you became interested and involved in palliative care. Please summarise your experience in this field and your previous positions/ responsibilities in the field of palliative care.

Further Responsibilities/ Activities/ Involvements * (max. 300 characters)

This course aims to empower people to become future leaders in their settings/ communities: What abilities/ qualities/ experiences do you have that would recommend you for such training? For example: Have you taken initiatives such as quality improvement initiatives and/or could you influence change? Please state any further responsibilities/ activities/ involvements that you feel support your application.

Motivation for the “European Palliative Care Academy” * (max. 1500 characters)

Please explain your motivation to take part in the course and state why the course is important at this stage of your career. Please describe your anticipated personal development.

Membership

Are you a member of a Palliative Care Association? * yes no

What is the name of the Association?

What is your role/ involvement in the association?

Project Idea

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Project Title

Short Description incl. Steps/ Activities * (max. 1500 characters)

Aims/ Objectives: * (max. 100 characters)

Vision or anticipation of expected outcomes and benefits

Context * (max. 1000 characters)

How will the project advance your institution and why is this important at this stage? Please describe the necessity for change.

Opportunities and Limitations * (max. 700 characters)

Please state the opportunities and possible limitations of the project. What do you think can realistically be achieved? Where do you expect challenges?

Activities and Timeframe *

Please state the activities you have to undergo and the timeframe in which you will complete the activities.

Time Period

Activity

Stakeholders * (max. 500 characters)

Who is involved in the project? Who is supporting the project? Whom do you still have to convince?

Further Support * (max. 500 characters)

What other kind of support do you need? From whom do you assume you might get further support?

Resources * (max. 700 characters)

Have you secured the resources needed in the project (personal time, human resources, financial)?

Institution for Observation

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Institution for Observation

To further develop your project and as part of the course you are expected to do an observational week at a European palliative care institution. Please state, where you would possibly go and why you would choose this institution.

Name of Institution: *

Do you already have a contact there? * yes no

If yes, what is the name and position of the person?

Last Name:

First/Middle Name:

Position:

Address of the Institution

Street:

Number:

Zip/Postal code:

City:

Country:

State:

Phone:

Fax number:

(with international dialing code)

(with international dialing code)

E-Mail:

Give your reasons for choosing this institution and relate it to your planned project: *

C) Letter of Reference from a Local Resource Person/ Mentor

Please download the information sheet and give/ send it to a supportive person involved in palliative care outside your work place that knows you well. The document provides information on the European Palliative Care Academy and states the requirements for the letter of support.

Please let us know who will provide the reference:

Name of the institution: *

Last Name: *

First/Middle Name: *

E-Mail: *

Phone: *

D) Curriculum Vitae *

Please provide us with a detailed and up-to-date CV reflecting your experience in palliative care.

E) Certificates on Educational Background *

Please combine your certificates in one document.

F) English Language certificate *

Please combine your certificates in one document.

CHECKLIST

Documents to be attached to your application e-mail (total size max. 10MB)

- A) Statement of Intent of your Employer
- B) Letter of Reference from your Employer
- C) Letter of Reference from a Local Resource Person/ Mentor
- D) Curriculum Vitae
- E) Certificates on Educational Background
- F) English Language certificate

Please do not exceed the total maximum size of 10MB.

Further Information

PLEASE NOTE: Fields marked in red / with an asterisk (*) are mandatory.

Further Remarks

How did you learn about the "European Palliative Care Academy"?

Employer

Colleagues

Printed Flyer

Website, which:

Conferences, which:

Mailings/Newsletters, which:

Newspaper/journal, which:

Others

Declaration of Consent *

I assure that all the information I have provided is correct and to the best of my knowledge. *

With submitting the application I agree to the following: *

- saving my data,
- forwarding data of mine to third parties if necessary for the selection procedure,
- publishing my name and information on the planned project in case of acceptance on to the course.