

Enabling future leaders

The European Palliative Care Academy is a joint project of the University Hospital of Cologne/ Germany, King's College London/ United Kingdom, Nicolaus Copernicus University in Torun/ Poland and Hospice Casa Sperantei in Brasov/ Romania. It is financed primarily by the Robert Bosch Stiftung/ Germany. It is implemented in collaboration with the European Association for Palliative Care (EAPC).

coordination@eupca.eu www.eupca.eu

General Information

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

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Personal Information	Application ID: (filled in by coordinating office)		
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)			
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 resider	ce? *		
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 co	untry 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 wi	th current/ most recent po	osition)		
Name of institution: *				
Country: *		City: *		
How long have you been employed at the	nis institution?*			E. II.d.
From: *	To: *		Full/ Part time: *	Full time
Position held: *				Part time
Please describe the responsibilities that this position entails: *				
Professional Experience [02]				
Name of institution:				
Country:		City:		
How long have you been employed at the	nis institution?			
From:	То:		Full/ Part time:	Full time
Position you have held:				Part time
Please describe the responsibilities that	t this position entailed:			



Professional Experience [03]				
Name of institution:				
Country:		City:		
How long have you been ampleyed at this	o inatitution?			
How long have you been employed at this				
From:	То:		Full/ Part time:	Full time
Parities was based halds				Part time
Position you have held:				
Places describe the recognitivities that	this position entailed.			
Please describe the responsibilities that	this position entailed:			
Professional Experience [04]				
Name of institution:				
Country:		City:		
How long have you been employed at this	s institution?			
From:	То:		Full/ Part time:	Full time
				Part time
Position you have held:				T di t timo
Please describe the responsibilities that this position entailed:				
Professional Experience [05]				
Name of institution				
Name of institution:				
Country:		City:		
How long have you been employed at this	s institution?			
From:	То:		Full/ Part time:	Full time
				Part time
Position you have held:				
Please describe the responsibilities that this position entailed:				



Professional Experience [06]				
Name of institution:				
Country:		City:		
How long have you been employed at the	his institution?			
From:	То:		Full/ Part time:	Full time
				Part time
Position you have held:				
Please describe the responsibilities that	t this position entailed:			
Professional Experience [07]				
Name of institution:				
Country:		City:		
How long have you been employed at the	his institution?			
From:	То:		Full/ Part time:	Full time
Position you have held:				Part time
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/ Deg	ree	
Degree/ qualification: *	Programme/ field of stu	dy: *
When did you complete/ obtain it? *	Result/ final ma	ark: *
Name of institution: *		
Country: *	City:	
Website:		
Please state up to three of your focus areas.* (max. 2	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/ Deg	ree [01]
Title of degree/ qualification:	
When did you complete/ obtain it?	Result/ final mark
Name of institution:	
Country:	City:
Website:	
Other Professional/ Educational Qualification/ Deg	ree [02]
Title of degree/ qualification:	
When did you complete/ obtain it?	Result/ final mark:
Name of institution:	
Country:	City:
Website:	
Other Professional/ Educational Qualification/ Deg	ree [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 mand	<u>latory</u> .
Excellent skills in reading, writing and speaking English (Cithis course. All participants will be required to provide products)	
Proficiency	
Have you ever taken an English language test? * yes	no.
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 take	,
If yes, please specify when, for how long, where and what a	bout:
Self rating (Please select: 10=mother tongue, 1=poor)	
Understanding: *	
Writing: *	
Speaking: *	



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.



Are you a member of a Palliative Care Association? * yes no What is the name of the Association? What is your role/ involvemnt in the association?
What is your role/ involvemnt 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 necess	ity

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 *

for change.

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

Time Period Activity



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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	ve a contact there? *	yes	no	
If yes, what is the r	name and position of the p	erson?		
Last Name:		First/I	Middle Name:	
Position:				
Address of the lines	1441			
Address of the Inst	itution			
Street:			Number:	
Zip/Postal code:			City:	
Country:			State:	
Phone:			Fax number:	
E-Mail:	(with international dialing of	code)		(with international dialing code)

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



Grants

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

Travel Grant

The Robert Bosch Stiftung has provided funding for the development and running of the forthcoming course of the European Palliative Care Academy. This makes it possible to provide a highly subsidised course for specialists in palliative care from across Europe.

Costs that participants are expected to cover include travel, accommodation, the course fee and personal expenses. Grants are available on request. Please let us know:

I will be able to cover my travel expenses.	yes	no
I will be able to cover accommodation costs. *	yes	no
I will be able to cover the course fee. *	yes	no
If no the estimated total		
amount of my course costs is:		€
I require a grant of:		€

Documents

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION E-MAIL.

A) Statement of Intent of your Employer *

Please download the form and give/ send it to your employer. The form states that the signatory supports the application and would release the applicant from work for being present at the course weeks. It also asks whether the employer could financially contribute towards the course costs or the applicant (course fee, travel, acc.) the applicant.

B) Letter of Reference from your Employer *

Please download the information sheet and give/ send it to your employer. 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: *



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 p	provide the reference:
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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.

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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.

