

Instructions

Section A: All applicants must complete this section.
Section B: Only self-employed applicants should complete this section.
Section C: Only employees (not self-employed) applicants should complete this section.
Sections D, E & F: All applicants must complete these sections.

Please complete the relevant sections of this application form and return to your PEPA Manager:

Kathy Laurent
PEPA MANAGER QLD
Centre for Palliative Care Research & Education
Royal Brisbane & Women's Hospital
Block 7 Level 7
Herston QLD 4029

Privacy & Confidentiality

All information provided by you in this application will be kept private and confidential. This information will only be used for the purposes of:

- Assessing your eligibility for the program
- Allocation of clinical placements
- Follow-up and post-placement support
- Program evaluation
- Confirmation of your qualifications
- Confirmation of current registration / authority to practice

Please tick

- I understand and agree to the information I have provided to be used for the above purposes.
- I consent to my name and contact details being forwarded to the relevant person for post-placement support activities.
- I consent to my name and contact details and my program report, being forwarded to the National Coordinator for program evaluation.

Applicants Details

Title Mr Mrs Ms Dr Other _____

Surname: _____

Given Name(s): _____

Postal Address: _____

Daytime Phone: _____

Mobile Phone: _____

Email Address: _____

Next of Kin (in case
of emergency)

_____ Name of Next of Kin / Emergency Contact

_____ Phone Number of Contact

Section A: Eligibility Criteria

Q1. Does your current work involve care for people with life-limiting illness?

- Yes
- No (You cannot proceed any further if you tick this box)

Q2. What qualifications do you currently hold? Please list in the space provided below.

Year Completed

Qualification & Name of Educational Institution

Year Completed	Qualification & Name of Educational Institution
_____	_____
_____	_____
_____	_____

Q3. Is your registration / practising certificate current?

- Yes (You must provide details in the space provided and attach evidence)
- No (You cannot proceed any further if you tick this box)
- Not Applicable (for non-regulated workers/carers)

PEPA MANAGER USE ONLY

Date Received ____/____/____

Approved ____/____/____

PEPA Manager _____

Date Notified ____/____/____

Host Site _____

Placement Dates ____/____/____

Q3. If yes, is the applicant's participation in PEPA consistent with the conditions of the Work Cover Certificate of Capacity provided by the applicant's doctor? *(Please note: If you have a Work Cover Claim you may not be able to participate in PEPA. Contact your local PEPA Manager for more information)*

- Yes (Please attach documentary evidence of the doctor's approval for the applicant to participate)
- No

Q4. Do you support the applicant to undertake a clinical placement and provide support for the learning that will be implemented on return to the workplace?

- Yes
- No

Q5. Having read the PEPA Information and Application Kit, do you understand and agree to comply with all requirements for participation in the program?

- Yes
- No

_____/_____/_____
 Manager's Signature Date

Section D: Placement Preferences

Please Note: Placement preferences will be taken into account where possible.

- | | | | |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Local palliative care service | <input type="checkbox"/> inpatient | <input type="checkbox"/> community | <input type="checkbox"/> hospital based consultancy |
| <input type="checkbox"/> Regional palliative care service | <input type="checkbox"/> inpatient | <input type="checkbox"/> community | <input type="checkbox"/> hospital based consultancy |
| <input type="checkbox"/> Metropolitan palliative care service | <input type="checkbox"/> inpatient | <input type="checkbox"/> community | <input type="checkbox"/> hospital based consultancy |

Q1. If available, would you be interested in a mixed placement? (E.g. 1-2 days at a regional/metropolitan palliative care service and 1-2 days at your local service)?

- Yes
- No

Q2. What are your preferred dates / times for a placement?

Q3. Are there any times that you would **not** be available for a placement?

Q4. Are there any other constraints that would impact on your uptake of a placement (e.g. childcare)?

Section E: Applicants Declaration

If I am successful in securing a clinical placement, I understand that I may have access to information of a private and confidential nature, including information about the Host Site, its staff and patients. I understand that I have an obligation to maintain this confidentiality at all times and I declare that I will not disclose / divulge any information to any person, organisation or body, by any means (electronic, verbal, hard copy or other means).

I declare that I do not have any current or pending misconduct proceedings or health conditions that would impact on my participation in this program.

In signing this application, I declare that the information provided by me in support of my application is true and accurate. Should I be successful, I agree to abide by the requirements of the program as outlined in the Information & Application Kit. I agree to notify the PEPA Manager should any of the information provided in this application change before or during my participation in the program.

Applicant's Signature Date ____/____/____

Section F: Applicants Checklist

Please complete the following checklist to ensure you have attached all the necessary documentation.

- Copy of your current professional registration or license to practice.
- Copy of your current "Confirmation Certificate" for your medical indemnity insurance (applicable to self-employed applicants only).

APPLICANT'S NAME: _____

All applicants must complete this section. Please copy this page, and take with you to your clinical placement.

Q1. Please provide brief details of your current role in caring for people with life-limiting illness.

Q2. Why are you applying to undertake a PEPA placement?

Q3. List 3 key things you want to achieve during your PEPA placement?

Q4. How will you disseminate information about your experience to colleagues on return to your workplace?

Please Note:

On completion of your PEPA Placement, it is a requirement that all participants implement a quality activity within their workplace, within 4 – 6 weeks.

Examples of activities that previous participants have undertaken include:

- *Development of new policy*
- *Development of patient assessment tools*
- *Setting up support networks*
- *In-service education*
- *Resource folders for patients and staff*
- *Establishment of a Palliative Care Committee*
- *Formal staff education*
- *Introduction of complementary therapies to service*
- *Implement multi-disciplinary team meetings*