



Program of Experience in the Palliative Approach

Funded by the Australian Government
Department of Health and Ageing



APPLICATION FORM

Instructions

- Section A: All applicants must complete this section
- Section B: Only self-employed applicants should complete this section
- Section C: Only employed applicants' managers should complete this section
- Section D, E & F: All applicants must complete these sections

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

Ellen Sheridan
PEPA manager
Cancer and Palliative Care, Programs Branch
Metropolitan Health and Aged Care Services
Department of Human Services
GPO Box 4057
Melbourne VIC 3001

Privacy and 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 supervised 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 being forwarded to the National Coordinator for program evaluation**
- I consent to my program report being forwarded to National Coordinator for use in program evaluation**

Applicants details

Title Mr Mrs Ms Dr Other _____

Surname: _____

Given name(s): _____

Position: General/medical practitioner Other health care worker Indigenous health worker
 Nurse (primary care residential aged care palliative care)

Workplace name: _____

Workplace address: _____

Daytime phone: _____

Mobile phone: _____

Fax: _____

Email address: _____

Postal address (if different from above): _____

Next of kin

(emergency only)

Name: _____

Phone: _____

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 (list in the space below)?

Year completed	Qualification and name of educational institution
_____	_____
_____	_____
_____	_____
_____	_____

Q3. Is your registration / practising certificate current (if applicable)?
 Yes (Provide details in the space provided)
 No (You cannot proceed any further if you tick this box)
 Not applicable (for non-regulated professionals)

Registration number	Registering authority	Renewal date
_____	_____	_____

Q4. Has your 'name only' police check has been completed (if applicable)?
 Yes (You must attach evidence) No (you cannot proceed any further if you tick this box)

Q5. Are you self-employed?
 Yes (go to Section B of this application) No (go to Section C of this application)

Section B: Self-employed applicants only

All self-employed applicants are required to provide their own insurance as per the *PEPA information and application kit*.

Q1. Will you be insured (i.e. work cover, medical defence, professional indemnity or personal accident) throughout attendance on PEPA supervised clinical placement?
 Yes No (you cannot proceed any further if you tick this box)

Q2. Do you currently have a Work Cover claim?
 Yes (go to question 3) No

Q3. If yes, is a PEPA supervised clinical placement consistent with the current Work Cover certificate of capacity provided by your doctor?
 Yes No (you cannot proceed any further if you tick this box)

I declare that my insurance is current and covers me throughout the period of my PEPA supervised clinical placement, and documentary evidence is attached. In signing this declaration I agree to comply with the responsibilities outlined in the *PEPA information and application kit*.

_____ / ____ / ____
 Applicant's Signature Date

Section C: Employed applicants

Managers declaration

Manager: _____
 Phone: _____
 Email: _____

Please note: The following questions and declaration are to be completed by the applicant's manager (employer).

Q1. Will the applicant be covered by your organisation's Work Cover policy (or insurance or personal accident) while undertaking a PEPA supervised clinical placement?
 Yes No (applicant cannot proceed any further if you tick this box)

Q2. Does the applicant currently have a Work Cover claim?

- Yes (go to question 3) No

Q3. If yes, is the applicant’s participation in PEPA consistent the conditions of the Work Cover certificate of capacity provided by the applicant’s doctor?

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

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

- Yes No

In signing this declaration I agree to the responsibilities outlined in the *PEPA information and application kit*.

_____ / ____ / ____
 Manager’s Signature Date

Section D: Supervised clinical placement preferences

Please note: supervised clinical 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 supervised clinical 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 / host site(s) for a supervised clinical placement?

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

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

Section E: Applicants declaration and 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 insurances (applicable to self-employed applicants only)
- Copy of your ‘name only’ police check (if applicable)

If I am successful in securing a supervised 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 or other legal proceedings against me.

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 *PEPA information and application kit*.

_____ / ____ / ____
 Applicant’s signature Date

Section F: Learning objectives**Applicant's name:** _____

All applicants must complete this section. Please take a copy this page to your supervised 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 supervised clinical placement?

Q3. List 3 key learning objectives you want to achieve during your supervised clinical placement?

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

Please note: on completion of your PEPA supervised clinical 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:

- PDSA cycle (i.e. plan do study act)
- 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 complimentary therapies to service
- Implement multi-disciplinary team meetings