

FOSTERING A CULTURE OF EFFECTIVENESS IN CARE AT END OF LIFE THROUGH PRACTICE DEVELOPMENT

NATIONAL END OF LIFE CARE
'INTRODUCING PRACTICE DEVELOPMENT' SUMMER SCHOOL 2011
BOOKING FORM: July 20th to 22nd 2011

As each organisation can book up to four (4) places we suggest that those wishing to attend discuss this with the relevant personnel in their organisation before registering. Please note that both sections of this form must be fully completed in order to be considered for a place.

Please reserve me a place for the Summer School: 20th 21st and 22nd July 2011

Section 1

Title & First Name: _____ Surname: _____

Job title: _____

Organisation address: _____

Home address: _____

Telephone (daytime): _____ Fax: _____

Mobile number: _____

E-mail address: _____

Please list specific dietary requirements, if any: _____

Section 2

1. Your reasons for wanting to attend the programme? _____

2. The relevance of end of life care in your work area? _____

3. Your involvement in the Hospice Friendly Hospital Programme? _____

4. If your hospital is not involved in the Hospice Friendly Hospitals Programme what other initiatives are in place or under consideration to develop end of life care? _____

5. What structures are in place in your organisation to support you implementing new learning following this course? _____

6. What arrangements have you discussed with your manager to support you in implementing new learning from the course? _____

7. Please outline how you intend to link with key stakeholders in your organisation e.g. End Of Life Care Standing Committee/ team meetings/ management meeting/ palliative care/ practice development unit/ education departments etc following the course to share learning and gain support? _____

Participant's Signature: _____

Senior Managers Signature of Approval: _____

Senior Managers Name (in block capitals): _____

Job title of Senior Manager: _____

Contact details of Senior Manager): Address _____

Email: _____ Phone: _____ Mobile: _____