**The Principles of Palliative and End of Life Care Programme application form**

(Places funded by WYCA for residents of West Yorkshire)

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| **Spring Course: September 2024 – December 2024** [ ]  |

**Personal details**

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| **Title:** | Click or tap here to enter text. | **First name:** | Click or tap here to enter text. |
| **Surname:** | Click or tap here to enter text. |
| **National Insurance number:** | Click or tap here to enter text. |
| **Date of birth:** | Click or tap to enter a date. |
| **Ethnicity:** | Choose an item. |
| **Gender:** | Male: [ ]  | Female: [ ]  | Non-binary: [ ]  | Other: Click or tap here to enter text. |
| **Where did you hear about this course?** | Click or tap here to enter text. |
| **Do you have any health problems or disabilities?:** | Yes |[ ]  No | [x]  |
| **If yes, please specify below:** |
| Click or tap here to enter text. |

**Job details**

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| **Please indicate your job role:** |
| **Job title:** | Click or tap here to enter text. |
| **Place of work:** | Click or tap here to enter text. |

**Contact details**Please note that email will be the main means of contact, so please write clearly and inform the programme administrator as soon as possible if it should change.

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| --- | --- |
| **Home address & postcode:** | Click or tap here to enter text. |
| **Phone number:**  | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Emergency contact / Next of Kin:** | Click or tap here to enter text. |

**Professional Health/Social Care Qualifications**

|  |  |
| --- | --- |
| **Do you hold literacy and numeracy basic skill qualifications or ESOL upon joining?** | Literacy [ ]  |
| Numeracy [ ]  |
| ESOL [ ]  |
| No [ ]  |
| Prefer not to say [ ]  |
| **Do you hold a Level 3 or above qualification?** | Yes [ ]  | No [ ]  |
| **Have you graduated from university within the last 5 years?** | Yes [ ]  | No [ ]  |
| **Your situation before starting this programme:** | Employed [x]  | Self-employed [ ]  | Unemployed [ ]  |
| **If unemployed, please state how long:**  | 0 to 6 months [ ]  |
| 6 to 12 months [ ]  |
| 12 to 24 months [ ]  |
| 24 to 36 months [ ]  |
| More than 3 years [ ]  |
| I am not unemployed [ ]  |
| **Are you a claimant or non-claimant?** | Claimant – Under 6 months [ ]  |
| Claimant – Over 6 months [ ]  |
| Non-claimant [ ]  |
| **Have you been made redundant since January 2020?** | Yes [ ]  | No [ ]  |
| **Are you the only adult in the household and have a minimum of one dependent child aged 0-17?** | Yes [ ]  | No [ ]  | Prefer not to say [ ]  |
| **Do you fulfil the Right to Work criteria?** | Yes [ ]  | No [ ]  |
| **Can you provide evidence of your Right to work?** | ID Card & Work Permit [ ]  | UK Passport [ ]  |
| Birth Certificate & ID [ ]  | I cannot [ ]  |

Please record details of all previously gained qualifications, training or learning you have undertaken below including GCSEs, apprenticeships, NVQs, short courses, training, etc, and include qualifications gained outside the UK. Please attach an additional sheet if required.

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| --- | --- | --- |
| **Qualification** | **Level** | **Date achieved** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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**Programme requirements**

* Candidates will require a laptop or iPad with camera and mic and internet for online sessions.
* Candidates will be required to attend all sessions they are allocated to (H = healthcare professional, S = social care professional), complete a workbook and pass an oral poster presentation assessment.
* Candidates must attend all full day classroom sessions and be absent for no more than two of the online topic sessions. If they are absent for a topic session they must arrange to meet with their academic supervisor to discuss the session. If candidates fail to attend the minimum requirement they will be given the opportunity to access the required sessions on the next cohort and must do this before they can take their final assessment.
* To enrol onto the programem the candidate must have a workplace mentor in a senior role. Mentors will be invited to attend the introduction session.
* Mentors will support the candidate to complete their workbook by evidencing how the knowledge and skills are being implemented in practice.

**Due to the nature of the programme content, it is not advisable to undertake this course if you have had a recent bereavement yourself.**

I confirm that the information I have given is correct and that I have read and agree to abide by the programme requirements. *Please tick here* [ ]

**Name of Candidate:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Personal statement**

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| **Please write a short statement explaining why you are interested in undergoing this programme**  |
| In a maximum of 300 words you might want to consider:* What are your learning needs around palliative and end of life care?
* What do you hope to gain from attending the programme?
* How do you see it influencing your future practice?

Click or tap here to enter text. |

**Information for Mentor**

A work place mentor will be required to support the candidate to complete their workbook by evidencing how they use their knowledge and skills in practice.

**Mentor Details**

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| --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | **Role** | Click or tap here to enter text. |
| **Email**  | Click or tap here to enter text. | **Work telephone/mobile** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. |

**Information for Manager**

This is a fully funded programme. The candidate is committed to attend a required minimum of sessions over the twelve-week period, as outlined in the programme requirement section above.
The programme comprises:

* 4 x full days study (Classroom at St. Gemma’s Hospice)
* 27 hours virtual study sessions (varying in length 2.5, 3, 4 hours)
* Assessment Day (Classroom at St. Gemma’s Hospice)

**Manager Details (if different from Mentor)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | **Role** | Click or tap here to enter text. |
| **Email**  | Click or tap here to enter text. | **Work telephone/mobile** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. |

**Withdrawal**

If a candidate wishes to withdraw from the programme after commencement, a charge of **£50** will be levied to the organisation from which the candidate was nominated.

**Statement**

I have read and agree with the above conditions, I will support the candidate to have the time to attend the taught sessions, complete the workbook and attend the assessment day. *Please tick here* [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | **Date** | **C**lick or tap to enter a date. |

This Privacy statement explains why we need personal data about you, how we use it, and the steps we take to ensure that it is kept secure.

**Why is this information is being collected?**

As this is mayoral funding, we are required to capture information on who is accessing the funding, so the mayor’s office knows the funding is being spent for eligible West Yorkshire residents.

**Where is the information stored?**

The application forms are held on our google drive, which has been updated to include 2-factor authorisation, and access is limited.  The data is processed on the mayoral combined authority management information system, called Evolutive.  This is a secure site managed by the combined authority.

**How is the information used?**

The information is used to check eligibility and residency so that funding for the programme can be generated.

It is important that you read this privacy statement together with any statements or fair processing notices we may provide on specific occasions when we collect or process personal data so that you are fully aware of how and why we are using your data. This privacy statement supplements those other notices and is not intended to override them.

**Please tick to confirm that you consent to us using your personal data in accordance with this statement.** [ ]

**Declaration:** I confirm that I am not currently taking part in any other employment learning or enterprise programme, which is funded by the Government or European Social Fund. I confirm that the information I have provided within this document is correct and accurate to the best of my knowledge and I understand the consequences of declaring false information. I also confirm for this data to be stored for the length of the programme and be passed over to the West Yorkshire Combined Authority so funding can be appropriately allocated. Please print your name and date.

**Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.