 

**West Yorkshire & Harrogate Advance Care Planning & Bereavement Awareness**

**Webinar**

**Application Form**

Please ensure that ALL the sections in this form have been completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename |  | Surname |  | |
| Your role/responsibility |  | | |
| Organisation or group you are involvement with |  | | |
| Locality |  | | |
| Contact telephone |  | | |
| Contact email |  | | |

**The Webinar-** requires access to the internet and a PC/laptop with camera and microphone

|  |  |  |
| --- | --- | --- |
| 3 ½ hours comprising of three key areas… | | |
| 1 | Future wishes (*also known as* *Advance care planning*)  Surname | |
| 2 | Bereavement Awareness |
| 3 | The role of a Champion |

**Dates and times-** Please choose the session you wish to attend by entering 1 or 2 into the ‘preference’ box to indicate your preference:

|  |  |  |
| --- | --- | --- |
| Date | Time | Preference |
| Thursday 2nd December | 12:30 – 16:00 |  |
| Tuesday 18th January | 09.30-13.00 |  |

Information around joining the virtual sessions will be sent via email to successful applicants.

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

**Requirements for Applicants**

* Good communication skills
* Skills in supporting individuals or groups
* Organisational support

Having attended this webinar, we would like to invite you to become a **Champion,** sharing information and giving support to others. You will receive support from the Hospice Education Hubs, be invited to group events with other champions, and have access to a bank of resources.

**Personal Statement**

Please write a short statement (no more than 300 words) explaining why you are interested in attending this webinar and becoming a champion. Please include relevant skills & experience that would support you in this role.

**Applicant Commitment**

|  |  |  |  |
| --- | --- | --- | --- |
| I can confirm that I meet the requirements to become a Champion | | | |
| Signature |  | Date |  |

**Nominating manager/supervisor commitment**

|  |  |  |  |
| --- | --- | --- | --- |
| I am the manager/supervisor of (name) | |  | |
| Please give a brief outline of how the applicant will be supported: | | | |
| Name |  | Role |  |
| Organisation |  | | |
| Email address |  | Work telephone/ Mobile |  |
| Signature |  | Date |  |

**Please return to:**

[**janec@st-gemma.co.uk**](mailto:janec@st-gemma.co.uk) St. Gemma’s Hospice, Leeds

**Or**

[**janet.millard@wakefieldhospice.co.uk**](mailto:Janet.millard@wakefieldhospice.co.uk) Wakefield Hospice

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**Closing Date Friday 19th November** *(successful candidates will be contacted after tis date*

**Continuation sheet (if required)**