

## **Application Form: Request for Palliative Care Education**

If you are a health care professional with a specific request for hospice palliative care education in the Edmonton Area, you are invited to complete this application form.

Contact Information: Name, Position, Program Phone and Email:		
Please describe your learning needs, including topic(s) and desired level of understanding (introductory, review, advanced):		
Type of Education Activity:  ☐ Presentation ☐ Workshop	☐ Other (please specify):	
Desired Length of Education Minutes: □ 30 □ 60 □ 90		☐ 2 ☐ 4 ☐ 8 (one day)
Target Audience (check all the Nursing   ☐ Medicine   ☐ Psychology   ☐ Social Work   ☐ Spiritual Care	hat applies):  □ Dietetics □ Respiratory Therapy □ Physiotherapy □ Occupational Therapy □ Health Care Aide	☐ Interdisciplinary Team ☐ Student ☐ Other: ☐ Other:
Estimated Size of Audience: Planned Location: Preferred Date/Time: Alternate Date/Time:		
Depending on the topic, target may co-facilitate the education your program who will participa	al activity with you or a design	dmonton Zone Palliative Care Program nate. Please identify the individual(s) in y:
Signature:	Date:	_

Submit the form by fax or scan and email. The greater the advance in notice, the greater success we will have in fulfilling your request. Please do not advertise the event or accept registrations until we have had a chance to discuss and confirm this educational activity.

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