

APPLICATION FORM for PEPA 2015-2017

NT

Instructions

Section A, B, C, D, G, H, I & K: All applicants must complete these sections.
 Section E: Only self-employed applicants should complete this section.
 Section F: Only employees (not self-employed) applicants should complete this section.
 Sections J: Only applicants who are members of RACGP, ACRRM or RCNA
 Please complete the relevant sections of this application form and return to your PEPA Manager:

**Territory Palliative Care,
 Hospice, RDH campus
 PO Box 41326 Casuarina NT 0811
 or fax: 08 8922-6775**

Section A: Privacy & Confidentiality – ALL APPLICANTS TO COMPLETE

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 clinical placements, follow-up and post-placement support
- Program evaluation
- Confirmation of your qualifications and current registration /authority to practice

For these purposes, your details and program report may be forwarded to the QUT PEPA National Team

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.

Section B: Applicants Details – ALL APPLICANTS TO COMPLETE

Title Mr Mrs Ms Dr Other _____
 Surname: _____
 Given Name(s): _____
 Postal Address: _____

 Daytime Phone: _____
 Mobile Phone: _____
 Email Address: _____
 Emergency Contact _____ Name of Next of Kin / Emergency Contact _____ Phone Number of Contact _____

Section C: Australian Aboriginal and/or Torres Strait Islander and/or CALD status

Q1. Are you of Aboriginal or Torres Strait Islander origin? (Please answer yes only if you are a person of Aboriginal and/or Torres Strait Islander descent, identify as an Aboriginal and/or Torres Strait Islander and are accepted as such by the community in which you live.)
 Yes No

Q2. In which country were you born?
Australia New Zealand England Italy Vietnam India Scotland Other, please specify: _____

Q3. Do you speak a language other than English at home?
No, English only Yes, Italian Yes, Greek Yes, Cantonese Yes, Arabic Yes, Mandarin Yes, Vietnamese
Yes, other, please specify: _____

Section D: Eligibility Criteria – ALL APPLICANTS TO COMPLETE

Q1. Are you currently employed (including self employed) in a health, aged or community care service that provides services for people with life limiting illness?
 Yes No (You cannot proceed any further if you tick this box)

Q2. Is your registration / practising certificate current?
 Yes - you must provide details in the space provided and attach evidence – then go to Question 4
 No (You cannot proceed any further if you tick this box)
 Not Applicable (for non-regulated workers/carers)

Registration Number	Registering Authority	Renewal Date

Q3. Please specify your current position?

<input type="checkbox"/> Aboriginal Health Practitioner	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Indigenous Liaison Officer	<input type="checkbox"/> Speech Pathologist
<input type="checkbox"/> Indigenous Community Worker	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Migrant/Culturally & Linguistically Diverse Liaison Officer	<input type="checkbox"/> Dietician
<input type="checkbox"/> Residential Aged Care Worker or Assistant in Nursing	<input type="checkbox"/> Bereavement Counsellor/Coordinator
<input type="checkbox"/> Pastoral Care Worker	<input type="checkbox"/> Paramedic/Ambulance officer

PEPA MANAGER USE ONLY		Form Version: NT v1
Date Received ____/____/____	Approved ____/____/____	PEPA Manager _____
Date Notified ____/____/____	Host Site _____	Placement Dates ____/____/____

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<input type="checkbox"/> Chaplain	<input type="checkbox"/> Other, please specify _____
Q4. Do you agree to have a 'criminal history check' prior to participating in the program as required by state/territory legislation and/or local institutional policies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (You cannot proceed any further if you tick this box)	
Q5. Have you obtained a Working with Children Notice as required by the Care and Protection of Children Act (NT) and local institutional policies if undertaking a placement which may involve interactions with children?	
<input type="checkbox"/> Yes, please provide details below and attach evidence <input type="checkbox"/> No (If no, please discuss with PEPA Manager to determine whether this is required for your proposed placement)	
Card number: _____ Expiry Date: _____	
Q6. Are you self-employed?	
<input type="checkbox"/> Yes (Go to <u>Section E</u> of this application) <input type="checkbox"/> No (Go to <u>Section F</u> of this application)	
Section E: Self-employed Applicants Only	
All self-employed applicants are required to provide their own insurance as per the <i>PEPA 2015-2017 Information Guide for Placements</i> .	
Q1. In line with the Medical Board of Australia registration standards, do you have current professional indemnity (or equivalent) insurance that will cover you throughout your attendance at your PEPA supervised clinical placement/s?	
<input type="checkbox"/> Yes (please attach a "Certificate of Currency") <input type="checkbox"/> No (You cannot proceed any further if you tick this box)	
Q2. Do you have current Work Cover insurance (as per relevant applicable legislation) or other equivalent insurance (if Work Cover insurance is not relevant) that will cover you throughout your attendance at the PEPA supervised clinical placement/s?	
<input type="checkbox"/> Yes (please attach a "Certificate of Currency") <input type="checkbox"/> No (You cannot proceed any further if you tick this box)	
Q3. Do you currently have a personal accident, illness or income protection insurance claim?	
<input type="checkbox"/> Yes (go to question 4) <input type="checkbox"/> No (Go to the <u>Participant Declaration</u> for this section)	
Q4. Is a PEPA placement consistent with the current medical certificate provided by your doctor?	
<input type="checkbox"/> Yes (please attach documentary evidence) <input type="checkbox"/> No (You cannot proceed any further if you tick this box)	
<i>Participant Declaration: I declare that my insurances (indicated above) are current and cover me throughout the period of my PEPA Placement, and a copy of current "Currency Certificate" for the above insurances</i>	
<i>Please Note: You are required to attach a copy of the certificates of currency for your medical indemnity insurance and personal accident, illness and income protection insurances are attached. In signing this declaration I agree to comply with the responsibilities outlined in the PEPA Information and Application Kit.</i>	
Place of Work: _____ Position Title: _____ Work Address: _____ _____ Work Email: _____ Work Phone: _____	
_____ / ____ / ____ Self-employed person's signature Date	
Section F: Employed Applicants (not self-employed)	
Place of Work: _____ Position Title: _____ Work Address: _____ _____ Work Email: _____ Work Phone: _____	
Managers Declaration	
Manager's Name: _____ Phone No: _____ Email: _____	
Please Note: The following questions & declaration are to be completed by the applicant's manager (employer).	
Q1. Will the applicant be covered by your organisation's professional indemnity insurance while undertaking a PEPA Placement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Applicant cannot proceed any further if you tick this box)	
Q2. Will the applicant be covered by your organisation's workers compensation policy while undertaking a PEPA Placement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Applicant cannot proceed any further if you tick this box)	
Q3. Does the applicant currently have a workers compensation claim?	
<input type="checkbox"/> Yes (Go to question 4) <input type="checkbox"/> No (Go to question 5)	

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Q4. If yes, is the applicant's participation in PEPA consistent with the conditions of the workers compensation medical certificate provided by the applicant's doctor? (Please note: If you have a workers compensation Claim you may not be able to participate in PEPA. Contact your local PEPA Manager for more information)

- Yes (Please attach documentary evidence of the doctor's approval for the applicant to participate)
 No

Q5. Do you support the applicant to undertake a clinical placement and provide support for the learning that will be implemented on return to the workplace?

- Yes No

Q6. Having read the PEPA 2011-2014 Information Guide, do you understand and agree to comply with all requirements for participation in the program?

- Yes No

_____/_____/_____
Manager's Signature Date

Section G: Placement Preferences – ALL APPLICANTS TO COMPLETE

Please Note: 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. What are your preferred dates / times for a placement?

Q2. Are there any times that you would not be available for a placement?

Q3. Are there any other constraints that would impact on your uptake of a placement?

Section H: Applicant's Declaration - ALL APPLICANTS TO COMPLETE

If I am successful in securing a 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 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 proceedings or health conditions that would impact on my participation in this program. Also, I declare that if I am unwell during a placement I understand that it is my responsibility to raise this with my supervisor and cease work if either a patient(s) or my own health may be compromised.

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 Information Guide. I agree to notify the PEPA Manager should any of the information provided in this application change before or during my participation in the program.

Applicant's Signature: _____ Date ____/____/____

Section I: Applicant's Checklist – ALL APPLICANTS TO COMPLETE

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 certificate of currency for your medical indemnity insurance (applicable to self-employed applicants only).
 Copy of your current Working with Children Clearance Notice if appropriate

Section J: Professional Development Points

Check the following boxes & include your membership number/s if registered with the following organisations:

- Royal Australian College of General Practitioners (RACGP) – Membership Number _____
 Australian College of Rural & Remote Medicine (ACRRM) – Membership Number _____
 Royal College of Nursing Australia (RCNA) – Membership Number _____
 Royal Australian College of Physicians – Fellowship Number _____

Section K: PEPA Promotions – ALL APPLICANTS TO COMPLETE

Which of the following promotions aided in your knowledge of and decision to apply for a PEPA placement? Tick all boxes that apply.

- Personal contact from a PEPA staff member (phone, email, face to face)
 Previous attendance at a PEPA workshop
 PEPA booth/trade stand/satchel inserts at a conference, forum etc. Please specify _____
 PEPA information brochures, posters, fliers or postcards
 PEPA promotional DVD or YouTube clip
 PEPA website
 Article/advertisement in journal, newspaper or newsletter. Please specify _____
 Specialist palliative care service (PEPA host site) promotions
 Word of Mouth
 Other. Please specify _____

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APPLICANT'S NAME: _____

All applicants must complete this section. Please copy this page, and take with you to your 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 PEPA placement?

Q3. List 3 key things you want to achieve during your PEPA placement?

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

Please Note:

On completion of your PEPA Placement, it is a requirement that all participants implement a quality improvement activity within their workplace, within 4 – 6 weeks.

Examples of activities that previous participants have undertaken include:

- Development of new policy
- Development or improvement of patient assessment tools
- Organising in-service education related to palliative care
- Dissemination of morphine conversion tables, Therapeutic Guideline for Palliative Care and other fact sheets
- Implementation of end of life care pathways
- Establishment of a Palliative Care Committee
- Implementation of multi-disciplinary team meetings