

REVERSE PEPA -APPLICATION FORM Western Australia

Instructions

Section A, B, C, D, F & G: All applicants must complete these sections.
 Section E: All applicant managers must complete this section.

Please complete this application form and return to your PEPA Manager:

PEPA Manager WA
Cancer Council WA
Palliative & Supportive Care Education Team
 Cancer Council WA
 Palliative & Supportive Care Education Team
 Level 1, 420 Bagot Rd

SUBIACO WA 6008 Email: Pepe@cancerwa.asn.au Ph: 08 9382 9372 Fax: 08 9212 4334

Reverse PEPA (Aged Care) Overview

Reverse PEPA placements offer the opportunity to integrate learning in the workplace, establish networks of support and educate health care staff about the palliative approach to care. The reverse PEPA learning experience will help the workplace:

- gain a clearer understanding of the principles of good palliative care
- identify the needs of your clients/residents with life-limiting conditions
- understand the role of your discipline in managing common problems faced by people with life-limiting conditions
- recognise your own knowledge base/scope of practice in regard to optimal palliative care provision
- identify personal coping strategies for effective management of personal issues related to working in this area.

Reverse PEPA placements involve a palliative care staff member spending up to four days at an aged care facility. Placements can involve the palliative care staff member providing palliative care education sessions, mentoring, assessments and interventions (medical, physical, psychosocial, spiritual etc), medication reviews, procedures & policy documentation, referral processes etc. The aged care staff will also share information and knowledge.

A representative from the aged care facility (applicant) is required to submit a PEPA application on behalf of their workplace. The PEPA manager will then liaise with the applicant and local palliative care service to confirm the learning goals of the placement and suitable dates. Placements may be conducted over consecutive days or spread over several weeks.

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 and mentors.

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.
- I consent to my name and contact details being forwarded to the QUT PEPA National Team for program evaluation.

Section B: Applicants Details - ALL APPLICANTS TO COMPLETE

Title Mr Mrs Ms Dr Other _____

Surname: _____

Given Name(s): _____

Place of work: _____

Position: _____

Postal Address (if different from work) _____

Daytime Phone: _____

Mobile Phone: _____

Email Address: _____

Emergency Contact: _____

Section C: Australian Aboriginal and/or Torres Strait Islander and/or CALD status - ALL APPLICANTS TO COMPLETE

PEPA MANAGER USE ONLY

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

PROGRAM OF EXPERIENCE IN THE PALLIATIVE APPROACH

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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: Placement Preferences - ALL APPLICANTS TO COMPLETE

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. Reverse PEPA placements are available for 1-4 days. How would you prefer the placement to be configured (i.e. number of days, consecutive/weekly)?

Q4. Do you have a disability or impairment that may require assistance or aids on the day? If so please specify what might be needed?

Section E: Managers Declaration – APPLICANT MANAGERS TO COMPLETE

Managers Declaration

Manager's Name: _____
Phone No: _____
Email: _____

Please Note: The following questions & declaration are to be completed by the applicant's manager.

Q1. Do you support the applicant to undertake a clinical placement at your workplace and provide support for the learning that will be implemented in the workplace?
 Yes No

Q6. Having read the PEPA Information and Application Kit, do you understand and agree to comply with all requirements for participation in the program?
 Yes No

_____/_____/_____
Manager's Signature Date

Section F: Applicants 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. 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 & Application Kit. 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 ____/____/____

**PROGRAM OF EXPERIENCE IN THE PALLIATIVE APPROACH
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Section G: Learning Goals - ALL APPLICANTS TO COMPLETE

APPLICANT'S NAME: _____

All applicants must complete this section.

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 ensure your colleagues are involved in the reverse PEPA placement?

Please Note: On completion of the reverse 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 of patient assessment tools
- Setting up support networks
- In-service education
- Resource folders for patients and staff
- Establishment of a Palliative Care Committee
- Formal staff education
- Implement multi-disciplinary team meetings