

Funded by the Australian Government Department of Health

PEPA Placement APPLICATION FORM

Please complete relevant sections and return to – **PEPA MANAGER WA**
Cancer Council WA , Palliative & Supportive Care Education Team
Level 1, 420 Bagot Rd SUBIACO WA 6008
Email: Pepea@cancerwa.asn.au Ph.: 08 9382 9372 Fax: 08 9212 4334

Section A: Privacy & confidentiality

ALL Applicants

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 PEPA National Team and the Cancer Council WA Palliative and Supportive Care Education Team (PaSCE) for further learning opportunities.

PLEASE TICK:

- I understand and agree to the information I have provided being used for the above purposes.
 I consent to my name and contact details being forwarded to PEPA National and PaSCE for post-placement support activities.

Section B: Applicant details

ALL Applicants

Surname:	Given Name(s):
Postal Address:	Mobile:
	Email:
Place of Work:	Role/Title:
Work Address:	Daytime/Work Phone:
Emergency Contact:	Phone Number of Contact:

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

ALL Applicants

Q1. Are you of Aboriginal and/or Torres Strait Islander origin?

- No Yes, Aboriginal Yes, Torres Strait Islander Both Aboriginal and Torres Strait Islander

Q2. In which country were you born?

- Australia Other, please specify: _____

Q3. Do you speak a language other than English at home?

- No (English only) Yes, please specify: _____

Section D: Eligibility criteria

ALL Applicants

Q1. Are you currently employed (including self-employed) in a health, aged or community care service that provides services for people with chronic and/or life-limiting illness?

- Yes No (You cannot proceed any further if you tick this box)

Q2. Is your registration / practising certificate current?

Registration number	Registering authority	Renewal date
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- 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) – go to [Question 3](#)

Q3. For non-regulated workers (i.e. workers from disciplines that are not regulated under the Australian Health Practitioner Regulation Agency), please specify your current position?

<input type="checkbox"/> Aboriginal Health Worker/Practitioner	<input type="checkbox"/> Paramedic/Ambulance Officer
<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/Chaplain	<input type="checkbox"/> Other, please specify _____

Q4. Do you have a current criminal history check?

Yes (**ATTACH EVIDENCE**) No

If 'no', do you agree to have one prior to participating in the program as required by state legislation and/or local institutional policies?

Yes No (NB You cannot proceed any further if you tick this box)

Q5. Have you obtained a Working with Children card or other appropriate authority as required by state legislation and local institutional policies?

Yes, (**Provide details below and ATTACH EVIDENCE**)

No (please discuss with the PEPA manager to determine whether this is required for your proposed placement)

Card number: _____ Expiry date: _____

Q5. Have you received your COVID-19 vaccination?

Yes, (**Provide details below and ATTACH EVIDENCE**)

Dose 1 Dose 2

No (please discuss with the PEPA manager to determine whether this is required for your proposed placement)

Q5. Have you received your flu vaccine?

Yes, (**ATTACH EVIDENCE**)

No (this is a requirement for any participant entering into residential aged care)

Q6. Are you self-employed?

Yes (Go to Section E) No (Go to Section F)

Section E: Self-employed insurance **SELF-EMPLOYED Applicants only**

All self-employed applicants are required to provide their own insurance as per the PEPA Information guide for placements.

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 placements?

Yes (**Critical please attach a "Certificate of Currency"**) No (You cannot proceed any further if you tick this box)

Q2. Do you have current Work Cover insurance (as per relevant application legislation) or other equivalent insurance (if Work Cover is not applicable) that will cover you throughout your attendance at your PEPA supervised clinical placement/s?

Yes (please attach a "Confirmation Certificate") No (You cannot proceed any further if you tick this box)

Q3. Do you currently have a WorkCover claim?

Yes (go to [Question 4](#)) No (Go to the [Participant declaration](#) for this section)

Q4. Is a PEPA placement consistent with the current WorkCover Certificate of Capacity provided by your doctor?

Yes (please attach documentary evidence) No (You cannot proceed any further if you tick this box)

Participant declaration **SELF-EMPLOYED Applicant**

I declare that my insurances (indicated above) are current and cover me throughout the period of my PEPA Placement, and a copy of a current "Currency Certificate" for my medical indemnity insurance and WorkCover is attached. In signing this declaration I agree to comply with the responsibilities outlined in the PEPA Information Guide and Application kit.

Please Note: You are required to attach a copy of the "Confirmation Certificate" for your medical indemnity insurance and WorkCover.

Work phone: _____ Workemail: _____

Signature: _____ Date: ___/___/___

Section F: Employer details and Manager Declaration	EMPLOYED Applicants only
Manager's name: _____ Email: _____	
Organisation & Address _____	
Address _____	
Work phone: _____	

<i>This section to be completed by the applicant's Manager (employer).</i>	MANAGER to complete
Q1. Will the applicant be covered by your organisation's professional indemnity insurance while undertaking a PEPA placement? <input type="checkbox"/> Yes (Critical) <input type="checkbox"/> No (Applicant cannot proceed any further if you tick this box)	
Q2. Will the applicant be covered by your organisation's WorkCover policy while undertaking a PEPA placement? <input type="checkbox"/> Yes (Critical) <input type="checkbox"/> No (Applicant cannot proceed any further if you tick this box)	
Q3. Does the applicant currently have a WorkCover claim? <input type="checkbox"/> Yes (Go to <u>Question 4</u>) <input type="checkbox"/> No (Go to <u>Question 5</u>)	
Q4. If yes, is the applicant's participation in PEPA consistent with the conditions of the WorkCover Certificate of Capacity provided by the applicant's doctor? (Please note: If the applicant has a WorkCover claim they may not be able to participate in PEPA. Contact the PEPA manager for more information) <input type="checkbox"/> Yes (Please attach documentary evidence of the doctor's approval for the applicant to participate) <input type="checkbox"/> No	
Q5. Do you support the applicant undertaking a clinical placement and will you provide support to enable them to implement their learning on their return to the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6. Having read the PEPA Information guide, do you understand and agree to comply with all requirements for participation in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manager's Signature _____ Date: ____/____/____	

Section G: Placement preferences	ALL Applicants
<i>Please note: Placement preferences will be taken into account <u>where possible</u>.</i>	
Q1. What are your placement location preferences (tick all that apply) <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	
Q2. What are your preferred dates / times for a placement?	
Q3. Are there any times that you are <u>not</u> available for a placement?	
Q4. Do you have a disability or impairment that may require you to receive assistance during your placement? If so, please specify what might be needed.	
Q5. Are there any constraints that would impact on you taking part in a placement?	

Section H: Applicant's declaration	ALL Applicants
<ul style="list-style-type: none"> 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 (including electronic, verbal or hard copy). I agree to comply with host site policies, including confidentiality, immunisation status requirements (where required) and workplace health and safety policies. 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 not attend or cease work if it could compromise my own health or that of a patient(s) or colleague(s). I also understand I will be required to prove current influenza immunization status prior to being placed. 	
<i>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.</i>	
Applicant's Signature _____ Date: ____/____/____	

Section I: Applicant's checklist**ALL Applicants****Please complete the following checklist to ensure you have attached all the necessary documentation.**

- copy of your current **professional registration or license to practice and Police Check**
- copy of your current *Confirmation Certificate* for your medical indemnity insurance (applicable to self-employed applicants only)
- copy of your current *Working with Children* card, if appropriate.
- Proof of current influenza vaccination & COVID-19 vaccination status

Section J: PEPA promotions**ALL Applicants****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) 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 website
- Article/advertisement in journal, Facebook or newsletter. Please specify _____
- specialist palliative care service (PEPA host site) promotions word of mouth
- Other, please specify: _____

Section K: Learning outcomes guide for placement participants**ALL Applicants****Applicants name:** _____ **Discipline:** _____

In order to gain maximum benefit from your PEPA placement it is useful to think through the main learning outcomes you wish to achieve. Please consider the following possible learning outcome when completing your placement application form.

Please keep a copy of this page for reference during your clinical placement.

As a result of my PEPA placement I would like be able to: (circle the sections that apply below)**Understand the Principles of Palliative Care**

- describe the purpose of palliative care
- recognise there are different settings of care and build awareness about when a referral to a specialist palliative care unit is appropriate
- identify the different roles played by health professionals in a team caring for people with life-limiting illnesses and their families

Communicate in Palliative Care

- build on my communication skills when caring for people with life-limiting illnesses and their families, and understand why this is important
- identify sources of cultural, spiritual, social and psychological support for people with life-limiting illness and their families
- improve knowledge and confidence in Advance Care Planning and learn practical skills to carry out and promote Advance Care Planning in my workplace
- explore my advocacy role when working with clinicians and people with life-limiting illnesses and their families

Understand Clinical Assessment and Intervention in Palliative Care

- describe the clinical features and 'what may happen next and why' for specific life-limiting illness pathways
- gain a better understanding of assessment of common symptoms and health problems associated with life-limiting illnesses (where part of role)
- explain the principles for managing common symptoms and health problems associated with life-limiting illnesses

Optimise Function in Palliative Care

- recognise different responses and emotions of people living with life-limiting illnesses and their families
- identify ways to work together with people who have life-limiting illnesses and their families, to make care and treatment decisions
- describe ways to improve the physical, psychological and social function for people with life-limiting illnesses
- understand the effects caregiving has on the family networks of people with life-limiting illnesses

Cope better with Dying and Bereavement

- reflect on how my own values and beliefs about death and dying affect me and my responses and interactions with other people
- understand the impact of cultural differences on care of those with life-limiting illness and their families

Additional Learning Goals:

Section L: Applicant learning goals and expectations

ALL Applicants

Please keep a copy of this page for reference during your clinical placement.

Applicant's name: _____

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 might you disseminate information about your experience to colleagues on return to your workplace?

Post Placement Activity

ALL Applicants

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 Guidelines 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*