This form is for students enrolled in The University of Melbourne Specialist Certificate in Palliative Care course that is being delivered in Shepparton commencing 14th March 2019 to submit a subsidy application.

For course information and enrolment visit: <https://commercial.unimelb.edu.au/custom-education/courses/specialist-certificate-in-palliative-care-hume>

**Subsidy applications open 22nd October 2018 and close at ~~5.00pm on 14~~~~th~~ ~~February 2019~~**

**\*\*Subsidy application close date has been extended to 5.00pm 1st March 2019\*\***

Subsidy eligibility criteria and further information can be found in the background and information guide that accompanies this form and is available on the Hume Palliative Care Website <http://humepalliativecare.org.au/>

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| Section A – Applicant details |
| 1. Name: |
| 1. Address: |
| 1. Email: |
| 1. Telephone: |
| 1. Professional position: |
| 1. Name of organisation(s) currently employed |
| 1. Address of current employer(s): |
| 1. Have you enrolled in The University of Melbourne Specialist Certificate in Palliative Care, Hume Region course?  * Yes * No |
| 1. Has your enrolment in the course been approved by The University of Melbourne?  * Yes * No   ⌦ Please attach evidence of course enrolment confirmation |
| 1. Please describe your role in relation to provision of palliative care?   *(Respond in 200 words or less.)* |
| 1. Justification: What are the expected outcomes of this professional development and how will it impact on your role, clients, carers and families and other professional stakeholders you work with?   *(Respond in 200 words or less.)* |
| 1. Section B – Signatures and Endorsement |
| Declaration of course fee funding/subsidy received from another source. Please tick the correct response.   * In relation to this course I have not received funding from another source * In relation to this course I have received funding from another source.   Please indicate the amount $\_\_\_\_\_\_\_   * All information provided in this application is true and correct at the time of submission. (please tick the box)   Applicant  Name:  Signature:  Date:  All subsidy applications must be signed by a relevant Executive Manager if the student is undertaking the course during work hours and/or if the organisation is funding all or part of the course.  Executive Manager  Name:  Signature:  Date:  Email:  Phone: |
| Submit by email to:  Ms Elizabeth Jenkins  Hume Palliative Care Consortia Manager  Email: [Elizabeth.jenkins@gvhealth.org.au](mailto:Elizabeth.jenkins@gvhealth.org.au)  Ph. (03) 5735 8079 (Mon – Thurs)  Applications close ~~5pm on 14~~~~th~~ ~~February2019.~~  \*\*Subsidy application close date has been extended to 5.00pm 1st March 2019\*\* |