This form is for Registered Nurses enrolled in the **Transition to Specialty Palliative Care Practice Course** being delivered in 2023 who work for a health service located in the Hume Region Victoria, and who wish to apply for a course fee subsidy. This course is delivered as a partnership by the Gippsland Palliative Care Consortium, Palliative Care Southeast and the Australian College of Nursing.

In 2023 the face to face component of the course is being delivered in Shepparton with support from the Hume Region Palliative Care Consortium (HPCC).

**Further information**

* Written information and the course application form please [click here](https://app.box.com/s/m10aqm8hw6powc17b0lnj5wl8kui00rq)
* Details of the course please contact: Carol Barbeler [carol.barbeler@wghg.com.au](mailto:carol.barbeler@wghg.com.au) or Anny Byrne [anny.byrne@wghg.com.au](mailto:anny.byrne@wghg.com.au) at the GRPCC, or

Kelly Rogerson Kelly.Rogerson@palliativecarese.org.au at PCSE.

* ACN, [Graduate Certificate in Palliative Care at Australian College of Nursing](http://www.acn.edu.au/education/postgraduate-course/palliative-care)
* Information about the Hume Region subsidy applications please contact: Elizabeth Jenkins [Elizabeth.jenkins@gvhealth.org.au](mailto:Elizabeth.jenkins@gvhealth.org.au)

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/>

**Subsidy applications open: January 14th 2023**

**Subsidy applications close: February 14th 2023**

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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 Transition to Specialty Palliative Care Practice, delivered in Shepparton?  * Yes * No |
| 1. Has the course been paid for in full?  * Yes * No |
| 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.)* |
| 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:  Elizabeth Jenkins  Hume Palliative Care Consortia Manager  Email: [Elizabeth.jenkins@gvhealth.org.au](mailto:Elizabeth.jenkins@gvhealth.org.au)  Ph. 0417 780 684 (Mon – Thurs)  Applications open: January 14th 2023  Applications close: February 14th 2023 |