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| Hospiscare has a variety of opportunities to support your learning and enable you to meet learning objectives. We will try and accommodate your request but there may be occasions due to clinical demands when we will need to offer you alternative dates or placement area.  To meet your learning request please can you complete this form and return the signed completed form by email to: **[learning@hospiscare.co.uk](mailto:learning@hospiscare.co.uk) or** by post to: Hospiscare L&D Administrator, Searle House, Dryden Road, Exeter EX2 5JJ. | | | | | | | | | |
| **Contact Details** | | | | | | | | | |
| **Personal Details** | **Title** |  | **First Name** |  | | **Surname** | | |  |
| **Job Role (Current)** |  | | | | | | | | |
| **Name and address of employing organisation** |  | | | | | | | | |
| **If a student please state year started or if undertaking a course please give name of module** |  | | | | | | | | |
| **Do you have transport that you could use to travel to placements?** |  | | | | | | | | |
| **Address** |  | | | | | | | | |
| **Telephone No.** |  | | | | **Mobile** | |  | | |
| **Email address** |  | | | | | | | | |
| **Preferred method of contact** |  | | | | | | | | |
| **Emergency contact name** |  | | | | **Telephone**  **Mobile** | | |  | |
| **Please detail any medical conditions or anything else you think it would be important for us to be aware of?** | | | | | | | | | |
|  | | | | | | | | | |
| **Do you have a disability / special needs access? If so, please detail below.** | | | | | | | | | |
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| **Please state your request for which team/s you would like to spend time with and state dates requested** | | | |
| **Team** | **Please**  **tick** | **Number**  **of days** | **Dates requested**  *(Minimum one month’s notice required)* |
| **Palliative Nurse Specialists**  *Includes:*  *Community Team*  *Hospice@Home* |  |  |  |
| **In Patient Unit** |  |  |  |
| **Other** *(please state)* |  |  |  |

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| **Please state your specific learning outcomes for this placement – this may be linked to competency sign off or learning outcomes**  **PLEASE NOTE This is essential to proceed** |
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| --- | --- |
| **Print Name** |  |
| **Signature** |  |
| **Date** |  |