

# Palliative Care Link Nurse Application Form

**Application Details:** (Print all details clearly)

<b>Participant name:</b>
<b>Role:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Manager:</b>
<b>Organisation:</b>

<b>Relevant qualifications:</b>		
<b>Educational facility</b>	<b>Qualification</b>	<b>Dates attended</b>

<b>Relevant background in Palliative Care:</b>

<b>Completed co-requisite training?</b> <i>(NB: **Must be completed within 6 months of the Orientation workshop**)</i>		
<b>Course</b>	<b>Yes/No</b>	<b>Date (Completed or planned)</b>
Fundamentals of Palliative Care		
Current Syringe Driver Competency Certificate		

<b>Goals and Objectives for participating in the Link Nurse Programme:</b>

<b>Management Endorsement</b>
<b>Name:</b>
<b>Position:</b>
<b>Organisation:</b>
<b>Signed Endorsement:</b>
<b>Contact phone:</b>
<b>Contact email:</b>

**Poi Backfill Contribution                                 \$400 (excl. GST)**  
**Payable on Invoice**

Please email this completed form to your local hospice MDT:

- Franklin:                         [Poiadmin@franklinhospice.org.nz](mailto:Poiadmin@franklinhospice.org.nz)  
Totara:                            [Poiadmin@hospice.co.nz](mailto:Poiadmin@hospice.co.nz)  
Mercy:                            [Poiadmin@mercyhospice.org.nz](mailto:Poiadmin@mercyhospice.org.nz)  
Hospice West:                   [Poiadmin@hwa.org.nz](mailto:Poiadmin@hwa.org.nz)  
North Shore & Hibiscus:      [Poiadmin@hospicenorthshore.org.nz](mailto:Poiadmin@hospicenorthshore.org.nz)