

Visitor Application Form for Canadian Health Care Professionals

Thank you for your interest in visiting the Edmonton Zone Palliative Care Program in Edmonton, Canada. We welcome visitors from within and outside the Edmonton Zone. Every effort is made to accommodate requests; however, availability of staff and the number of requests received may limit our ability to assist you in meeting your visit objectives. We appreciate your understanding.

Visitors are health care professionals who are working in the area of palliative care, or are preparing for a new role in palliative care. In general, the maximum number of visitors in a group is two (2). Please see page 3 for more information about maximum number of visitors at one time. *There are no visits in July, August, and December.* Visitors are responsible for arranging their own meals, transportation, accommodations, and, if necessary, translation services.

To help us understand and meet your objectives, please complete this application form and submit six (6) months in advance of your requested date(s).

First Name: _____

Surname: _____

Position Title: _____

Profession and Credentials: _____

Employer / Place of Work: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

If a colleague from your workplace is joining you, you will be the contact person for your group. Please provide your colleague's Name, Position Title, Profession and Credentials below:

Preferred Visit Dates: _____
Alternative Dates: _____

Please check the duration of visit you are requesting:

½ day 1 day 2 days
 1 work week 2 work weeks Other: _____

1) Identify your objectives in visiting the Edmonton Zone Palliative Care Program:

1. _____
2. _____
3. _____

2) How do you expect your visit to benefit your professional practice and/or your organization?

3) How might your visit benefit the Edmonton Zone Palliative Care Program?

4) If English is not your first language, please identify the language in which you are most comfortable speaking:

5) Our program does not provide translation services. You are welcome to make your own arrangements for a translator. If you are using a translator, please provide the contact information:

6) If you would like to add any further information that would be helpful in considering your application, please do so:

7) How did you hear about our program?

Subject to availability of relevant staff, which programs and/or disciplines would you like to spend time with during your visit? Please note certain programs are available on specific days only, and can accommodate a maximum number of visitors at one time.

Please check as appropriate:

Administration

| | |
|---|--|
| <input type="checkbox"/> Program Manager | <input type="checkbox"/> Data Manager |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Clinical Nurse Specialist |

Clinical Program or Personnel

| | |
|--|---|
| <input type="checkbox"/> Clinical Nurse Educator | <input type="checkbox"/> Physician Consultant, Acute Care (1 visitor per physician, 2 acute care sites) |
| <input type="checkbox"/> Cross Cancer Institute: Pain and Symptom Team (Wednesday Clinic, maximum 1 visitor per patient case, up to 4 cases per clinic, subject to patient's approval) | <input type="checkbox"/> Physician Consultant, Community (1 visitor per physician) |
| <input type="checkbox"/> Cross Cancer Institute: Telehealth Clinic (Tuesday Clinic, maximum 2 visitors) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Health Economist | <input type="checkbox"/> Research |
| <input type="checkbox"/> Hospice Coordinator | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Hospice Unit | <input type="checkbox"/> Tertiary Palliative Care Unit (TPCU) |
| <input type="checkbox"/> Hospice Staff Nurse | <input type="checkbox"/> TPCU Manager |
| <input type="checkbox"/> Nurse Consultant | <input type="checkbox"/> TPCU Physician |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> TPCU Staff Nurse |
| <input type="checkbox"/> Palliative Home Care Nurse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pharmacist | |

Please have your Supervisor or Manager complete below to indicate that you have approval to visit Edmonton, be absent from work for the dates you have requested, and incur expenses associated with traveling:

| | | |
|-------------------|------------------------|-------------|
| Supervisor's Name | Supervisor's Signature | Date Signed |
|-------------------|------------------------|-------------|

Fax one application form for the group to (780) 735-7640, along with a c.v. or resume for each individual requesting to visit. Please submit your application six (6) months in advance of your requested visit dates. Do not book travel arrangements such as hotel accommodations, plane tickets, or local transportation until we confirm your itinerary. For further information, you may contact:

Jaimie Gibson, Administrative Assistant
 Alberta Health Services – Edmonton Zone Palliative Care Program
 Email: Jaimie.Gibson@albertahealthservices.ca
 Website: www.palliative.org