European Association for Palliative Care
EAPC Onlus: Non profit-making Association
Non Governamental Organisation (NGO) recognised by the Council of Europe
Association Européenne pour les Soins Palliatifs
EAPC Onlus: Organisation à but non lucratifs d'utilité publique
ONG reconnue par le Conseil de l'Europe

Visit our Web – Visitez notre site Internet: http://www.eapcnet.org

Host Centre Form

Please note that your organisation's details will be accessed through the EAPC website for potential applicants to view

Name of centre:	**Hospice De Winde**	
Address:	**Hermelijn 2, 7423 EJ Deventer, the Netherlands**	
Tel: **+31570-698200**	Fax:	Email: **lindahartman@zorggroepsolis.nl**

Which aspects of palliative care practice can you offer? (Please tick).

	√	√	
In-patient	☒ Yes	☐ No	
Home Care	☐ Yes	☒ No	
Hospital Team	☐ Yes	☒ No	
Day Hospital	☐ Yes	☒ No	
Other	☐ Yes	☒ No …	……..

Can you offer specific specialist palliative experience in any of the following areas?

Palliative care area	**Clinical** √	**Education** √	**Research** √
Older person care	x		
Paediatric palliative care			
HIV/AIDS			
MND/ALS	x		
Psycho-social training			
Spiritual care	x		
Other			

Which professional groups are you able to offer an experience to?

	√
Doctor	☒
Nurse	☒
Social Worker	☒
Psychologist	☒
Chaplain/Spiritual care adviser	☒
Volunteer Co-ordinator	☒
Other	☒ paramedics ……..

Are you able to accommodate more than one applicant? ☒ Yes ☐ No

What is the maximum number of applicants you can accommodate at one time? 2

Are applicants able to participate in practice, or work only as an observer?
☐ Yes ☒ No

(*Please consult your national guidelines as this varies between countries and between professions*)

Are you able to offer a mentor to the applicant during the placement?
☐ Yes ☒ No

Is there a charge/cost made to applicants for a stage/placement?
☐ Yes ☒ No

Is it possible for a student to follow an education programme during their stay?
☐ Yes ☒ No

Can you offer accommodation or arrange this for the applicant?
☒ Yes ☐ No

Is there a particular time of the year that you prefer to offer a placement?
☐ Yes ☒ No
If answering 'yes', please indicate; e.g. month

Are there any specific requirements? (e.g. vaccinations, manual handling course).
☐ Yes ☒ No

Please write any specific requirements in the box below.

Signature: L.A. Hartman-Barkema……Date: 23-11-09