



**European Association for Palliative Care**  
*EAPC Onlus: Non profit-making Association*  
*Non Governmental 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:	<b>Network Palliative Care Zuid Gelderland</b>	
Address:	<b>Integraal Kankercentrum Oost (IKO), PO Box 1281 6501 BG Niimegen Netherlands</b>	
Tel: <b>+31243527357</b>	Fax: <b>+31243527373</b>	Email: <b>r.nogarede@iko.nl</b>

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

In-patient	✓ <input checked="" type="checkbox"/> Yes	✓ <input type="checkbox"/> No
Home Care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital Team	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Day Hospital	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ...Psychosocial and Spiritual care/ support family
.....		

**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	x		
Spiritual care	x		
Other			

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

Doctor	✓ <input checked="" type="checkbox"/>
Nurse	<input checked="" type="checkbox"/>
Social Worker	<input checked="" type="checkbox"/>
Psychologist	<input checked="" type="checkbox"/>
Chaplain/Spiritual care adviser	<input checked="" type="checkbox"/>
Volunteer Co-ordinator	<input checked="" type="checkbox"/>

Other ☐ .....

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

**What is the maximum number of applicants you can accommodate at one time?** 1

**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.

Applicants must speak Dutch  
Accommodation / lodging fee (mediation possible)  
Add Copy diploma to certificate employer  
Planning in consultation

Signature: René Nogarede.....Date: march 2010