

EPSO Task Force Host Centre Form

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:	Network Palliative Care Amsterdam				
	VU University medical centre, PO Box 7057				
	1007 MB Amsterdam, the Fax: +31204444385		Email: v	Email: wjj.jansen@vumc.nl	
Which aspects of palliativ	e care pract	ice can you	offer? (Plea	se tick).	
In-patient Home Care Hospital Team Day Hospital Other caregivers	Yes Yes Yes Yes Yes Yes Yes			are / support family of the following areas?	
Palliative care area	√ Clinical	√ Education	√ Research	7	
Older person care	Ollilleal	Ladoation	rescaren	1	
Paediatric palliative care	X			1	
HIV/AIDS				1	
MND/ALS				1	
Psycho-social training	X				
Spiritual care	Х			1	
Other					
Which professional group	s are you al	ole to offer a	n experienc	ce to?	
Doctor		, 			
Nurse		$\overline{\boxtimes}$			
Social Worker		\boxtimes			
Psychologist					
Chaplain/Spiritual care advi-	ser	\boxtimes			
Volunteer Co-ordinator		\bowtie			

Other
Are you able to accommodate more than one applicant? X 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? No
(Please consult your national guidelines as this varies between countries and between profession
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 should speak Dutch
Signature: Wim Jansen