



**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>Division of palliative medicine, Rehabilitation and Geriatric Dpt Geneva University Hospital</b>	
Address:	<b>CESCO, 11. ch de la Savonnière 1245 Collonge-Bellerive</b>	
Tel: <b>+41223057111 +41223057085</b>	Fax: <b>+41223057115</b>	Email: <b>gilbert.zulian@hcuge.ch sophie.pautex@hcuge.ch</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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Hospital Team	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Day Hospital	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Other	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No ... ..

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

	√ Clinical	√ Education	√ Research
Older person care	yes	yes	yes
Paediatric palliative care			
HIV/AIDS			
MND/ALS			
Psycho-social training			
Spiritual care			
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 type="checkbox"/>	
Psychologist	<input type="checkbox"/>	
Chaplain/Spiritual care adviser	<input type="checkbox"/>	
Volunteer Co-ordinator	<input type="checkbox"/>	
Other	<input type="checkbox"/>	.....

**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.

We are able to accommodate one nurse and one physician at the same time  
For the nurses: max2/year; applicants should speak currently french

Signature: SPautex .....Date: 6.4.2009