

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

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Please note that your organ	nisation's deta	ails will be acc applicants to		ugh the EAPC website for p	
Name of centre:	Centre for Palliative Care, Cantonal Hospital St.Gallen				
Address:	Rorschacherstrasse 95, CH 9007 St. Gallen				
Tel: 0041 71 494 35 50	Fax: 0041 71 494 62 55		Email: p	Email: palliativzentrum@kssg.ch	
Which aspects of palliativ	ve care pract	ice can you d	offer? (Plea	se tick).	
In-patient Home Care Hospital Team Day Hospital Other	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No			
Can you offer specific sp	√		√	of the following areas?	
Palliative care area	Clinical	Education	Research		
Older person care					
Paediatric palliative care					
HIV/AIDS					
MND/ALS	V				
Psycho-social training	V	V			
Spiritual care					
Other					
Which professional group	os are you al	ole to offer a	n experienc	e to?	
Doctor		\boxtimes			
Nurse		\boxtimes			
Social Worker		\bowtie			
Psychologist	ų.	\bowtie			
Chaplain/Spiritual care adv	iser	\boxtimes			
Volunteer Co-ordinator Other					
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EPSO Task Force Host Centre Form

Are you able to accommodate more than one applicant? Yes No					
What is the maximum number of applicants you can accommodate at one time? one					
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					
ls it possible for a student to follow an education programme ⊠ 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.					
Hospital Rules: vaccination hepatitis					
Signature: Exhibits Date: June 23, 2009					