

## Observership on Palliative Care organized by the Asia Pacific Hospice & Palliative Care Network (APHN) in Singapore

First Batch - 3<sup>rd</sup> - 6<sup>th</sup> September 2019; Second Batch 24<sup>th</sup> - 27<sup>th</sup> September 2019

## CALL FOR APPLICATIONS

Applications are invited from eligible Medical Officers & Nursing Officers from following categories for the Observership on Palliative Care organized by the Asia Pacific Hospice & Palliative Care Network (APHN), Singapore in September 2019.

First Batch (3<sup>rd</sup> – 6<sup>th</sup> September 2019) 10 Fellowships

Medical Officers	No. of opportunities
Specialist Grade Medical Officer (Consultant) in charge of palliative care consult service	1
Grade Medical Officers from Palliative Care Services	3
Representative from National Cancer Control Programme (Coordinator)	1
Total no. of Medical Officers	5
Nursing Officers	
Special Grade Nursing Officer attached to palliative care service	1
Nursing officers from hospital palliative care services	3
Public Health Nursing Officer (PHNO)	1
Total No. of Nursing Officers	5

## Second Batch (24th - 27th September 2019) 10 Fellowships

Medical Officers	No. of opportunities
Specialist Grade Medical Officers (Consultants) in charge of palliative care consult services	1
Grade Medical Officers from Palliative Care Services	3
One medical officer attached to the Ministry of Health from first batch of Post Graduate Diploma in Palliative care	1
Total no. of Medical Officers	5
Nursing Officers	
Nursing Sister	1
Nursing officers from hospital palliative care services	3
Representative from National Cancer Control Programme (Coordinator)	1
Total No. of Nursing Officers	5

Who can apply?

Should be a permanent employee of the Ministry of Health, Nutrition & Indigenous Medicine

#### Preference will be given to;

- Among Specialist Grade Medical Officers (Consultants) / Grade Medical Officers and Nursing
  Officers those who are currently working at a palliative care consult service and confirmed by the
  head of the institute
- Those who have not obtained overseas exposure on palliative care

#### How to apply?

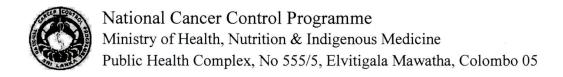
Interested applicants should submit duly completed application (Annex l) through proper: channels under registered post to the below mentioned address. Submit soft copy of the completed application to: <a href="mailto:nccp.training@gmail.com">nccp.training@gmail.com</a>

Closing date of applications: 07. 08. 2019

Short-listed applicants will be called for an interview.

Address to submit applications:

Director, National Cancer Control Programme, Public Health Complex, 555/5, Elvitigala Mawatha, Narahenpita, Colombo 05.



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## **APPLICATION**

#### **GENERAL INFORAMTION**

1.Name of the Applicant Dr. Mr. Mrs. Miss.
. Surname:
Name denoted by initials:
2. National Identity Card Number:
3. Date of Birth:(DD/MM/YYYY)
4. Age as at application deadline:
SERVICE INFORMATION
5. Date of first appointment to the Depart. of Health:(DD/MM/YYYY)
6. Confirmed in the service?: Yes No No If yes, Date of confirmation: .(DD/MM/YYYY)
7. Current place of work: :
8. Designation:
9. Describe how does you currently involve in delivery of palliative care services :
(Attach separate paper if space not adequate

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12	Telephone				
13	Email add		F GA .		
ED	UCATIO	NAL QUALIF	ICATIONS		
14					
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5		H.			
5. P	revious fell	owships or offici	al foreign visits during past 5 years (Attach sepa	arate paper if space not adeq	
	Year	Country	Name of the programme	Duration	
F				-	
	5		,		
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18. Describe briefly, once you return to the country observership.	how will you utilize knowledge and skills gained during the
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*	Attach separate paper if space not adequate)
19. I certify that particulars given above are true and	d correct
Date:	
	Signature of the applicant
	(0.1.0.1)
20. Recommendation of Chief Nursing Off	icer (Only for Nursing Officers)
Recommended/ Not recommended	
I certify that above particulars given in the applica follow the programme	ation are true and correct. He/ she can be released if selected to
ionow the programme	
¥	
Date:	40 May 1
Date.	Signature of the Chief Number Officer
	Signature of the Chief Nursing Officer

21. Recommendation of the Head of Institu	ition
Recommended/ Not recommended	
I certify that above particulars given in the application follow the programme	ation are true and correct. He/ she can be released if selected to
8	
Date:	Signature of the Head of Institution
22. Recommendation of the Head of the Do	ecentralized Unit
Recommended/ Not recommended	
I certify that above particulars given in the application follow the programme	ation are true and correct. He/ she can be released if selected to
Date:	
	Signature of the Head of the Decentralized Unit