

## Palliative Care Link Nurse Programme Application Form

Application Details: (Print all details clearly)

Participant name:
Role:
Email:
Phone:
Manager:
Organisation:

Relevant qualifications:		
Educational facility	Qualification	Dates attended

Relevant background in Palliative Care:

Goals and Objectives for participating in the Link Nurse Program:

Management Endorsement
Name:
Position:
Organisation:
Signed Endorsement:
Contact phone:
Contact email:

Cost of Backfill Reimbursement            \$ \_\_\_\_\_  
 (Receipts will be required prior to reimbursement)

Memorandum of Understanding signed by Organisation:     Yes     No

Please return this completed form to:

Email: [education@marypotter.org.nz](mailto:education@marypotter.org.nz)

Education Administrator  
 Mary Potter Hospice  
 PO Box 7442,  
 Newtown  
 Wellington 6021