

Health Care Apostolate



Palliative Care Education Program Registration & Interview Form Palliative Care Class: # 53 Date: April 6 & 7, and April 27 & 28, 2018

Location: St. Michael's Parish, 800 - 85 Street SW, Calgary, AB

Name _____

Phone: Home _____ Phone: Work _____

Address _____ Postal Code: _____

E-mail: _____ Parish/Facility: _____

Are you presently in (a) Pastoral (b) Palliative (c) Bereavement ministry/work? Yes ___ No ___

Indicate which ministry and where? _____

Date of Birth: Day ___ Month ___ Age Group: 18-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+ ___

Previous Training

Pastoral Care training program _____ where and date _____

Palliative Care education program _____ where and date _____

Bereavement Program _____ where and date _____

What languages do you speak, read or write other than English?

Would you be willing to translate? Yes ___ No ___

What expectations do you have for this program? _____

Volunteer Preferences:

Hospital ___ Long term ___ Palliative /Hospice ___ Parish ___ Pediatric ___ Other _____

Have you had a significant loss within the past 2 years? Please comment

Do you give us your permission to contact you via the information you have provided above?

Yes ___ No ___

In case of emergency, notify:

Name: _____ Phone: Home _____

Work: _____ Relationship: _____

Signature _____ Date _____

Please return this application by Mail, Fax or E-mail:

H. White, Health Care, 120 - 17th Avenue SW, Calgary, AB T2S 2T2

For more information: Phone: 403-218-5501 or 403-218-5508 or Fax: 403- 264-0526

E-mail: healthcareprograms@calgarydiocese.ca