**Training in palliative psychiatry for palliative care providers in Africa**

**Expression of Interest**

**Instructions for completing your expression of interest:**

* This is an individual application
* Complete all sections of the application.
* Type all responses.
* Submit all applications to info@africanpalliativecare.org with heading **Palliative psychiatry Training**

**Section 1: Applicant Details**

|  |  |  |
| --- | --- | --- |
| 1 | Name of applicant |  |
| 2 | Job title |  |
| 3 | Name of institution: Hospital/Hospice,… |  |
| 4 | Country of operation |  |
| 5 | Tel number:  |  |
| 6 | Email address:  |  |
| 7 | Years of working experience |  |
| 8 | Qualification |  |
| 9 | Previous training in palliative psychiatry or mental health (indicate yes or No) |  |
| 10 | Previous training in palliative care(Indicate yes or No) |  |

Why are you the right person for us to select to do this course? (1,500 characters)

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**Section 2: Background to your organisation**

(Brief description of the organization you work for, not more than 100 words)

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**Section 3: Use of the training & Expectations**

(How will this course benefit palliative care development in your workplace and country? (1,500 characters maximum)

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**Your expectations from this training**

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**Section 4: Availability for the Duration of Training**

Please tick the box to show that you have confirmed the availability of all participants for the duration of the course and the delivery methodology.

|  |  |
| --- | --- |
| **Training detail** | **Tick box** |
| The training will be run online from December 2023 to June 2024 |  |
| Training will comprise 1.5-hr sessions conducted once a month |  |
| Sessions will be 100% virtual, participants must have access to internet  |  |
| Assignments, Mentorship and guidance on palliative psychiatry and mental health will be ongoing in-between sessions |  |

**Completed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

Date: