



Pallium Canada

Palliative Care Education for All Care Providers - Mobilizing Compassionate Communities
Formation sur les soins palliatifs pour tous les soignants - Mobiliser les communautés bienveillantes

Sample LEAP Paramedic Facilitator Application

(Do not fill in this form, visit: <http://portal.pallium.ca/local/application/view.php?id=3> to complete your application)

1. **Salutation:**
2. **First Name:**
3. **Last Name:**
4. **Professional Credentials:**
5. **Position/Title:**
6. **Name of Institution:**
7. **Department (if applicable):**
8. **City:**
9. **Province/Territory:**
10. **Postal Code:**
11. **Phone number:**
12. **E-mail:**
13. **How many years have you worked in health care?**
 - Less than two years
 - Two to five years
 - Six or more years
14. **Are you currently an educator (e.g., providing education to other professionals/professional students)?**
 - Yes
 - No
15. **How many years of experience have you had providing professional education?**
 - Less than two years
 - Two to five years
 - Six or more years
16. **Please describe your experience as an educator:**
17. **Do you have an academic appointment?**
 - Yes
 - No
18. **Please describe your academic appointment:**
19. **Have you taken the full two-day LEAP course?**
 - Yes
 - No
20. **If you have taken the LEAP course, select the most recent year you attended:**
21. **If you have taken the LEAP course, what institution provided it?**
22. **If you have taken the LEAP course, who was the facilitator?**

43 rue Bruyere Street, Ottawa, ON K1N 5C8 | Fax/téléc: 613-562-6005



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23. If you have not taken the full, two-day LEAP course, please describe any courses you have taken that included LEAP or include the date and location of any LEAP course for which you are currently registering.

Letter of Reference #1:

Letter of Reference #2:

Any other comments/questions?

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