## **Core Fundamentals of Hospice Palliative Care Jessica's House**



The course is an introductory, multi-disciplinary education opportunity provided by the SW Pain and Symptom Management Program for all health care providers and volunteers. **During these times of social distancing the course is offered virtually.** 

## Attendance for all three virtual sessions is required to receive a certificate of completion

| LOCATION  | DATES  | TIME            | DETAILS TO NOTE  | FACILITATOR |
|---|--|-----------------|--|-------------|
| Virtual<br>Classroom –<br>details on how to<br>connect once<br>registered | Wednesday –<br>May 19 <sup>th</sup> , June<br>9 <sup>th</sup> & June<br>30th | 6:00 to 9:00 pm | Attendees will be from<br>Jessica House Hospice<br>only<br>With virtual delivery<br>reading materials can be<br>shared as a pdf or sent a<br>hard copy, consider what<br>would work best for you | Liz Laird   |

## **\*REGISTRATION FEE – \$40 \***

Register/Pay online http://www.palliativecareswo.ca/programs-fundamentals-registration-grey-bruce.html

OR

 Fax information form below 1-519-685-4087 & mail cheque payable to: St. Joseph's Health Care London Parkwood Institute Main Building – Room A2-152 Palliative Pain & Symptom Management Consultation Program 550 Wellington Road London, ON N6C 0A7 Attn: Karla Kane

OR

 Contact our Program Assistant, Karla Kane. 1-519-685-4292, ext. 42181 or by email: <u>fundamentals@sjhc.london.on.ca</u> with your registration details (below) & mail cheque as above

| <b>Registration Info</b> | ormation Name:                     |                                      |                        |
|--------------------------|------------------------------------|--------------------------------------|------------------------|
| Mailing Address:         |                                    | Рс                                   | ostal Code             |
| Home phone:              |                                    | _ Work Phone:                        |                        |
| Employer/Voluntee        | r Organization                     |                                      |                        |
| Your Email:              |                                    | (to be sent link, cont               | firmation etc)         |
|                          | □ RN □RPN □ PSW<br>□ Social Worker | □ Therapist □ Volunteer □<br>□ Other | Pastoral Care          |
| Indicate course re       | ading materials preferenc          | e:  hard copy (mailed out)           | pdf (sent via email)   |
| Registration closes      | two days prior to start of c       | course. Confirmation of your regi    | stration will come via |

email from fundamentals@sjhc.london.on.ca

Contact Liz Laird at 519-374-4284 if you require more information. (<u>liz.laird@sjhc.london.on.ca</u>)