

## APPLICATION FORM Aboriginal Health Workers, Aboriginal Liaison Officers - NT

### What is the PEPA program for Aboriginal Health Workers?

Program of Experience in the Palliative Approach (PEPA) is an Australian government funded program established to provide primary health care workers an opportunity to gain knowledge and experience in palliative care.

PEPA for Aboriginal and Torres Strait Islander Health Workers aims to provide culturally appropriate learning experiences in palliative care. PEPA is designed for Aboriginal and Torres Strait Islander Health Workers from any health related sector. Male and female Health Workers are encouraged to apply.

The PEPA program provides a supervised placement at the specialist palliative care service in Darwin or Alice Springs. Participants can attend from 4 to 10 days and gain skills and knowledge with the Community Care team or the Hospice or both. You have the option of attending with a buddy in pairs or attending alone. A Mentor will help guide your learning.

These clinical placements or outreach workshops are for Aboriginal Health Workers or Liaison Officers, Interpreters or other Aboriginal people from any health sector in the Northern Territory.

Alternatively a *Reverse PEPA* workshop can be conducted in your community as part of our Community Outreach program. If you prefer this, please contact the NT PEPA Project Manager.

### What are the aims of the PEPA program?

PEPA is an Australian government funded program established to provide primary health care workers with an opportunity to gain knowledge and experience in the palliative approach.

The PEPA program specifically aims to build the capacity of Aboriginal people working in health to provide a supportive approach for clients who are receiving palliative treatment and their family.

#### On completion of PEPA you should be able to:

- ⊙ Explain what a palliative approach is
- ⊙ Identify common symptoms associated with advanced and chronic illness
- ⊙ Understand your role in managing common problems faced by patients and families
- ⊙ Understand the use of medications and other palliative care treatments
- ⊙ Apply principles of effective communication for supporting patients and families experiencing loss, grief and bereavement
- ⊙ Describe assessment, observation and physical care methods, that are within your scope of practice in palliative care situations
- ⊙ Develop supportive networks with specialist palliative care providers, other Health Workers, home care nursing services, and organisations involved in palliative care

### Eligibility

Applicants must be currently working in a health related sector. Applicants must have the approval of their manager or employer.

### Cost

Participants will be eligible for fully funded travel and accommodation to participate in the program. Employers may be entitled to receive an allowance to cover back-fill costs.

### PEPA MANAGER USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved \_\_\_\_/\_\_\_\_/\_\_\_\_ PEPA Manager \_\_\_\_\_  
Date Notified \_\_\_\_/\_\_\_\_/\_\_\_\_ Host Site \_\_\_\_\_ Placement Dates \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROGRAM OF EXPERIENCE IN THE PALLIATIVE APPROACH APPLICATION FORM**

**Application Form**

Surname	
First Name(s):	
Postal Address: including postcode	
Daytime telephone	
Mobile Phone	
Email Address	
Emergency contact <small>Who should we contact if it was necessary?</small>	Name: _____ Phone: _____
Place of employment	
Current position	
<b>Education Details</b>	<p>What courses/workshops etc. related to palliative care or cancer have you attended?</p> <p>What other courses have you attended?</p>

**Privacy and Confidentiality**

The information you provide in this application will remain confidential to the PEPA project team and will only be used for the purpose of:

- Organising your participation in the PEPA program
- National program evaluation
- Follow-up and post program support

**Please tick:**

I understand and agree to the information I have provided to be used as stated above

**Applicants Declaration**

If my application to undertake the PEPA program is successful, I understand that I may have access to confidential information about clients, families, the palliative care services and staff. I accept that I have an obligation to maintain this confidentiality at all times and undertake not to disclose information to other persons or organisation by any means including electronic, verbal, hard copy or public broadcasting.

*In signing this application, I declare that the information provided by me in support of my application is accurate. I agree to notify the PEPA Manager of any changes to the information provided in this application before or during my participation in the program.*

\_\_\_\_\_

**Applicant's Signature** **Date** \_\_\_\_\_



Preparing for your PEPA program

**APPLICANT'S NAME:**

Briefly explain what you hope to achieve from participating in the PEPA program:

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Please briefly describe 3 key things you would like to learn on your PEPA placement:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How might you share the information you gain from the PEPA placement in your workplace, with colleagues, clients, their families and the community?

(Examples are: Setting up support network or meetings; In-service education for others; Resource folders for staff and/or clients)

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Preferred Location for PEPA placement:  Darwin  Alice Springs

Preferred PEPA experience:  Community  Hospice  Mixed (Community & Hospice)

Preferred length of placement:  1 week  2 weeks  
 Other (minimum 4 days, maximum 2 weeks) \_\_\_\_\_

Preferred date or month for placement \_\_\_\_\_

Will you attend with a buddy in pairs?  no  yes If yes, who with? \_\_\_\_\_

**Scope of PEPA**

PEPA introduces the principles and practices of palliative care at an educational level equivalent to Certificate III. Additional course work and clinical experience is recommended to develop competency in palliative care equivalent to a Certificate IV or Advanced Health Worker level.

A certificate will be issued on completion of the program.

Please forward your completed application to:

NT PEPA Project  
Phone (08) 8922-7679 Fax: (08) 8922-6775  
Email: [John.Carson@nt.gov.au](mailto:John.Carson@nt.gov.au) or [Cindy.Paardekooper@nt.gov.au](mailto:Cindy.Paardekooper@nt.gov.au)  
Postal address: NT PEPA Project, Territory Palliative Care  
PO Box 41326, Casuarina NT 0811