



# Sir Michael Sobell House

World Health Organisation Collaboration Centre for Palliative Care and Oxford  
International Centre for Palliative Care

## Application form for group/individual visits and clinical placements

Name (Please underline family name)

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Title (Please circle)

Dr

Mr

Mrs

Ms

Other

Male/Female

Profession

..... Job Title.....

Place of work

.....

Correspondence Address

.....

.....

Tel.....Fax.....E-mail.....

### How would you prefer us to contact you?

E-mail

Fax

Post

Type of visit?

Group

Individual

Clinical placement

### For UK visitors

Requested dates for visit

### For visitors from other countries

Requested dates for visit

Provisional date of arrival for UK

UK contact address (if known)

Which are the areas of special interest to you? (Please tick as appropriate)

Administration

Fundraising

Music & Art Therapy

Bereavement

Home Care

Palliative Care Support Team

Chaplaincy

Inpatient Care

Physio/Occupational Therapy

Complementary Therapies

Library

Research

Day Care

Lymphoedema

Social Work

Education

Medicine

Volunteer Services

If English is not your first language, how would you rate your ability to your ability to communicate in English?

**For group visits:** If English is not the first language of your group members, what arrangements for interpretation will be made?

What is the overall purpose for your visit?

Please state 3 objectives for your visit?

1.

2.

3.

How would you expect the visit to benefit your professional practice and/or your organisation?

Please add any further information that would be helpful for us when considering your application. (Please use additional sheet if necessary)

Fax to +44 (0) 1865 225599. Post to Sobell House Study Centre, Churchill Hospital, Oxford.OX3 7LJ