

International Association for Hospice and Palliative Care
Sharing hospice and palliative care information worldwide.

Travelling Fellowship in Palliative Care - Host Application

Print or Fax version
Use additional paper if required

This form is to be completed by the Host unit / service which has invited the applicant for the IAHPC to visit and help them.

Please describe in detail why the assistance of an IAHPC Travelling Fellow is sought and your objectives and expectations for the visit.

Applying Host: Complete the information & print out this form and submit via mail or fax.

By mail: Send completed form directly to:

Liliana De Lima, MHA
IAHPC Executive Director
5535 Memorial Dr. Suite F - PMB 509
Houston TX 77007
USA
Fax +1 (713) 880-2948
Ph +1 (713) 880-2940
By Fax: 1 + (713) + 880-2948

Applying Host may complete the information on-line using our online version.

Note: Applicant and host BOTH must have paid appropriate 2002 IAHPC membership fees.

**DETAILS OF NEEDS AND EXPECTATIONS
OF HOST UNIT / SERVICE (not the applicant):**

1. Why is a Travelling Fellow is being invited to visit your unit / service?

2. Outline the specific expectations, which you have for such a visit.

3. Describe in detail the proposed schedule and plan for a Travelling Fellow's stay with your unit / service.

4. Provide detailed costs of accommodation and travel costs within your country.

5. What accommodation and travel costs can be paid for by your host organisation or by individuals in your host country?

Contact Information: (Please print in block letters)

Name of host organization: _____

Name of proposed Traveling Fellow to visit the unit

First, Last: _____

Name of contact person: _____

Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Postal/Zip Code: _____

Email: _____

Phone (including country and city codes): _____

Fax (including country and city codes): _____

Signature: (required) _____

