

# AGREEMENT

I agree that candidates will be allowed to attend the one-day course.

I agree that if the candidate does not achieve the standard the Alliance will be given access to the candidate and workplace in order to complete.

I agree to complete the NMDS-SC and supply my NMDS-SC number.

I agree to complete and return all forms/documentation as required.

I agree to pay £60 if the candidate fails to attend the full day. If a place has been secured and you need to cancel, a cancellation cost will be incurred if the place cannot be re-allocated.

I have read and understood the information in the Important Booking Information section overleaf.

**Manager's Name** \_\_\_\_\_

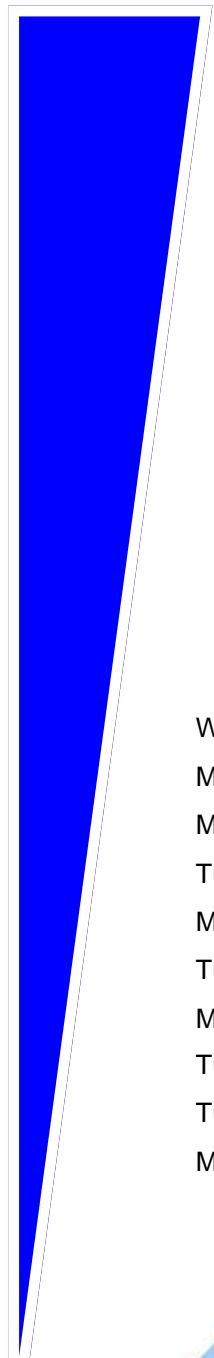
**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Places are subject to eligibility criteria and confirmation of place from the Alliance.**

Please return completed booking forms to:  
Anne Surtees  
Adults, Wellbeing & Health  
Durham County Council  
County Hall  
Durham  
DH1 5UG

Tel: 0191 3833274                      e mail: [anne.surtees@durham.gov.uk](mailto:anne.surtees@durham.gov.uk)



# FREE TRAINING

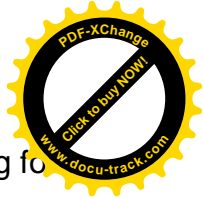
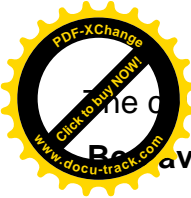
## END OF LIFE CARE For Care Workers

This one-day training will provide an understanding of End of Life care and is for Care Workers working in the Adult Sector in County Durham.

### **Course Dates and venues** **9.00am - 4.00pm**

Wednesday 17th November	The Old Brewery, Castle Eden
Monday 29th November	The Glebe Centre, Murton
Monday 6th December	Park House, Lanchester
Tuesday 7th December	The Work Place, Aycliffe
Monday 10th January	Durham Centre, Belmont
Tuesday 11th January	Bullion Hall, Chester le Street
Monday 17th January	Leadership Centre, Spennymoor
Tuesday 18th January	Durham Centre, Belmont
Tuesday 25th January	Bishop Auckland College
Monday 31st January	The Glebe Centre, Murton





The course is will include the following topics:

**Bereavement ~ The dying process ~ Communication ~ Legislation**

It will include an end of day assessment and following successful completion candidates will be issued with a certificate. If the candidate does not meet the standards to pass the course they will be offered support to enable them to achieve.

**Progression**

Successful Candidates completing the one day End of Life Care Training course should then have the knowledge to map into the knowledge specification for the following NVQ units which are identified in the End of Life Learning and Development Pathway. The Candidates will be offered the opportunity to complete one or more of these units

**FREE.**

- Level 2 - HSC226 Support individuals who are distressed
- Level 3 - HSC384 Support individuals through bereavement
- Level 3 - HSC385 Support individuals through the process of dying

**FUNDING**

Both the one-day training course and completion of NVQ units will be funded by NHS County Durham and Darlington and is therefore **FREE** to employers in County Durham.

However, there will be a charge of £60 for non attendance or cancellation if your place cannot be reallocated.

**Please note refreshments/Lunch WILL be provided on the training days.**

**IMPORTANT BOOKING INFORMATION**

**Places on each course are limited.**

Confirmation and joining instructions will be sent by email to the Manager at least one week prior to commencement, if you do not receive confirmation please contact the Decha office on 0191 3833274 or e mail [anne.surtees@durham.gov.uk](mailto:anne.surtees@durham.gov.uk). Places will only be allocated and confirmed on receipt of completed booking forms.

**BOOKING FORM**

To book a place on this course, please complete this booking form and agreement overleaf.

I wish to book a place on the course for *(please write in **BLOCK CAPITALS**)*:

Name of Candidate <b>BLOCK CAPITALS</b>	
National Insurance No	
Staff work role	
Workplace name & address	
Workplace Telephone Number (compulsory)	
Manager email address (compulsory)	
NMDS-SC number	
Additional support - please identify i.e dyslexia, etc	

**Date / Venue of course applied for:**

**Manager's Name** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

Please continue overleaf