

# End of Life/Palliative Care Facilitator Training Form

Providing educational information (whether to groups or one-on-one) to persons who are in pain and/or preparing for/or approaching death takes individuals who have a unique set of interpersonal skills and abilities. The following questionnaire is meant to provide us with sufficient information to determine the background, knowledge and abilities you may or may not already bring to this experience prior to attending our facilitator training sessions.

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best Time/Day/Way to Contact: \_\_\_\_\_

Best Time/Day of week to Present: \_\_\_\_\_

Have you attended the Finger Lakes End-of-Life Coalition Speaker's Bureau Training? **Y** **N**

Please number the items below from most to least interest, with 1 being the item you are most interested in. Leave those items blank that you have no interest in.

- \_\_\_ speaking to 1 person
- \_\_\_ speaking to a group of 20 or less
- \_\_\_ speaking to a group of 20 – 60
- \_\_\_ speaking to a group of 60 or more
- \_\_\_ volunteering to coordinate at a presentation

Please describe any experience you have leading groups, public speaking, and/or providing one on one or group education (specify number in groups you have spoken to; whether or not the group was comprised of health care/other professionals or laypeople; type of presentation -- lecture, panel discussion, moderating a group discussion or other; specific topics and organization for which you spoke).

Please describe any prior training/education as a public speaker, facilitator, adult educator, lecturer and/or counselor that contributes to your ability to educate adults and talk about difficult topics which may arise.

Please describe your experience with death, dying and end-of-life care.

Please share anything else that describes your interest in speaking about advance care planning and being part of the Community Conversations/FLEOL efforts.

What is your educational background?

Institution

Degree

Major

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Please provide two references (names and phone numbers) of individuals who have heard you present.

If someone referred you for being involved in this effort, please list the name and contact information for that person.