#  6th Nordic Specialist Course in Palliative Medicine



 **2013-2015**

 **APPLICATION FORM**

 **Closing date for application: 15.03.2013**

 Completed application form from Norwegian applicants should be sent to:

**Kompetansesenter i lindrande behandling Helseregion Vest**

##### **Haukelandsbakken 2, Haukeland universitetssjukehus, 5021 Bergen**

lindrende.behandling@helse-bergen.no

**Applicants will be notified early May 2013** directly from the NSCPM steering group and course secretariat. If you have any questions concerning the course, please contact a member of the steering group.

**Please enclose an outline of your Curriculum Vitae (maximum 2 A4 pages)**

**Surname/Family name: First name:**

**Date of birth: Nationality: HPR number:**

**Home address:**

**Work address:**

**Telephone: E-mail: Fax:**

**Year of full registration as a physician:**

**Specialty and year of registration as a specialist:**

**Clinical background:**

***Please describe your current clinical responsibilities and time spent providing palliative care.***

**Why do you apply for the Nordic Specialist Course in Palliative Medicine?**

## Please indicate your main reasons for applying for the course.

**What are your learning needs in palliative medicine?**

***Please define your main learning needs in palliative medicine.***

**Priority will be given to applicants who want to take part in the pilot for the Formal Competence Field of Palliative Medicine in Norway. Please state whether you are in or plan to enter a training program for this competence field, and give the necessary details. (Further information about the pilot may be obtained from** **lindrende.behandling@helse-bergen.no** **)**