**Application form**

**3 day workshop in Evidence Based Practice,**

**National Cancer Control Programme, Kings Inns House,**

**200 Parnell Street, D01 A3Y8**

**November 8th, 9th and 10th 2022**

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| **1. Name:** |  | |
| **2. Job Title/Role:** |  | |
| **3. Discipline/Profession:** |  | |
| **4. Organisation or Department & work address:** |  | |
| **5. Main work setting (e.g. hospital, community, university etc.):** |  | |
| **6. Contact details** | | |
| **E-mail:** |  | |
| **Phone number:** |  | |
| **7. Any special requirements? (e.g. dietary allergies, wheelchair access):** | | |
|  | | |
| **8. Would you like to join the EBP network in Ireland?** | | |
| Yes ☐ | | No☐ |

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| **9. Briefly outline your clinical question/query that you have encountered in practice that you will work on at the workshop (Max word count 150 words).** |
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| **10. Outline how you will use this learning to impact patient care (Max word count 100 words).** |
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| ☐ | I confirm that I can attend the full 3 days of the training course | |
| ☐ | I agree to submit a short report to the course organisers by February 2023 on how I put the evidence I found into practice in my workplace | |
| ☐ | I have received approval from my line manager to attend  **Signature of line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and Title of line manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Enquiries and submission of completed applications to** [**guidelines@cancercontrol.ie**](mailto:guidelines@cancercontrol.ie) **by Friday 14th October 2022** | | |
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The workshop will be structured in small group interactive sessions, therefore it is essential that participants attend the full programme.