

Where Spirit meets Bone

A day conference exploring
spiritual care within
acute healthcare

Wednesday 25th April 2012

Medical Education Centre, Northern General Hospital, Sheffield.

Keynote Speakers:

Prof. Peter Gilbert - *Being and Doing Human*

- Emeritus Professor of Social Work & Spirituality, Staffordshire University
- Project Lead for the National Spirituality and Mental Health Forum.
- Co-Executive Editor, 'Journal for the Study of Spirituality.'

Prof. Wilf McSherry - *Spirituality & Spiritual Care: challenges & opportunities for healthcare providers*

- Professor in Dignity of Care for Older People Staffordshire University.
- Author, 'Making Sense of Spirituality in Nursing & Health Care Practice.'
- Co-editor, 'Spiritual Assessment in Healthcare Practice.'

Cost: £85 (including lunch)

£75 early bird reduction if booked before 31st December 2011.

To book a place:

Please complete a course application form, including payment details, and return to:

Learning and Development Department, Rivermead Training Centre, Northern General Hospital.

For further details regarding place availability please contact:
ext. 15796 or email Training.Admin@sth.nhs.uk



Chaplaincy Services
Spiritual care for all

Sheffield Teaching Hospitals **NHS**

NHS Foundation Trust

COURSE APPLICATION FORM

PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE ADDRESS BELOW:

Learning and Development Department
Rivermead Training Centre, Northern General Hospital,
Herries Road, Sheffield S5 7AU

**APPLICATION FORMS CAN BE FAXED TO:
0114 271 4422 (EXT: 14422)**

FOR LEARNING AND DEVELOPMENT ADMIN USE ONLY

Date Received: -

	Processed	Letter Printed	Letter sent/ form filed
Initial			
Date			

= Joining Instruction (JI)

= JI attendance fee

= JI customised

= JI alternate date

SECTION 1 PERSONAL/WORK DETAILS

ESR Assignment Number

(Can be found on payslip and is a 8 digit number)

Mr Mrs Miss Ms Dr

Surname

Forename(s)

Job Title (in full)

Department/Ward

Directorate

Extension Number E-Mail Address

Hospital/Trust RHH NGH JW CCDH WPH SCH SHSC SPCT

OTHER NHS - Please specify

SECTION 2 COURSE DETAILS

Course Title Course Code **190**

Course Date (s)

Course Fee Cost Code all STHFT Departments (for recharge)

External Applicant - name and address for invoicing

MANAGER'S NAME AND JOB TITLE (please print)

Manager's Signature Date

We would recommend that the following points are considered by the applicant and their manager together

- What do you and the nominated individual hope to gain from the course and what objectives have been agreed?
- How will the subject/s covered by this programme be used by the individual in his/her current position?
- What opportunities or arrangements will be offered to enable the individual to practice/utilise their learning?
- How will evaluation and review of the objectives take place?

SECTION 3 HOME ADDRESS

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Postcode Home Contact Number

SECTION 4 NOTES/ADDITIONAL INFORMATION

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The Trust is registered under the Data Protection Act 1998. Information contained on this form is for the educational department's use only. Your signature denotes consent for information to be held on computer and in a manual filing system. For certain courses information may be shared with organisations working in partnership with Sheffield Teaching Hospitals NHS Foundation Trust. Your signature denotes consent for the holding and sharing of this information.

Applicant's Signature: **Date:**

PLEASE ENSURE THAT YOU RETAIN A PHOTOCOPY OF THIS APPLICATION FORM