

Leadership Development Initiative Application

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| All of the following documents must be completed in full and submitted on time by April 30, 2011 before we will review your application | |
| **Document Checklist:**   * Section A: Personal Information * Section B: Experience | **Include Copies of the Following Documents (with notarized English translations):**   * Medical degree, specialty certificates, medical licenses * Passport information page * US Visa * Photograph * TOEFL Score Summary (if applicable) |

# SECTION A: PERSONAL DEMOGRAPHIC INFORMATION

Please PRINT legibly

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| Family/Surname: | Given Names: |
| Your Title at Work: | Academic degree(s) / credentials, i.e., MD, Ph.D., etc. |
| Workplace Information:  Organization:    Street:    City:  Province/State:  Country:  Postal Code: | Home Address:  Street:    City:  Province/State:  Country:  Postal Code: |
| Check Preferred Phone: (country code, area code, number)   * Work Phone: * Cell Phone: * Home Phone: | Check Preferred Email   * Personal Email: * Work Email: * Other Email: |

Office Use Only:

## Technology

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| Do you have 24-hour access to the Internet?   * Yes * No | For participation in LDI, you need to have high speed internet. Please test your Internet speed (test at [www.speedtest.net](http://www.speedtest.net)) and record your highest speeds below.  Download Speed: MBPS  Upload Speed: MBPS |
| Do you have a Skype address?   * Yes, Skype: * No | Do you have a personal or organizational website URL?   * Yes, URL: * No |

## Language

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| Primary Language in Your Workplace:    Other languages you are fluent in: | Please rate your Skill with Conversational and Medical English  3 =Fluent, no difficulty 2= Good, few difficulties 1= Limited English skill | | | |
|  | **Read** | **Write** | **Speak** |
| **Conversational English** |  |  |  |
| **Medical English** |  |  |  |
| Have you taken the TOEFL (Test of English as a Foreign Language)? □ No   * Yes, What year? (Attach Scores) | | | |

## Passport Information – Please enter the information exactly as it appears on your passport information page (E-mail a scanned copy of your passport information page)

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| Passport Type: | | Passport Code/Place of Issue: | |
| Passport Number: | | Nationality: | |
| Date of Birth (dd/mm/yyyy): | Date of Issue (dd/mm/yyyy): | | Date of Expiration (dd/mm/yyyy): |
| □ Yes, I have emailed a scanned copy of the information page in my passport  □ No, I have not emailed a scanned copy of the information page in my passport | | | |

## US Visa (E-mail a scanned copy of your U.S. Visa)

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| Do you have a U.S. Visa? □ No  □ Yes, Type: | U.S. Visa Date of Expiration (dd/mm/yyyy): |
| □ Yes, I have emailed a scanned copy of my U.S. Visa  □ No, I have not emailed a scanned copy of my U.S. Visa | |

# SECTION B: EXPERIENCE

# Work Life: Palliative Care and non-Palliative Care

Think about the past calendar year. Please describe your current palliative care and non-palliative care work activities. Indicate the percent of time you spend in the following six activities (total of 100%).

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| **Activity:** | **Palliative Care** | **Non-Palliative Care** |
| **Clinical** |  |  |
| **Teaching** |  |  |
| **Research** |  |  |
| **Administration/Management** |  |  |
| **Other Activities** |  |  |
| **Total Time Spent:** | **= 100%** | |

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| **Description of yearly palliative care clinical work:** |

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| **Description of yearly palliative care teaching activities:** |

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| **Description of yearly palliative care research activities:** |

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| **Description of yearly palliative care administration/management activities:** |

**Description of yearly palliative care advocacy activities**

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| **Description of yearly ‘other’ activities:** |

# Work Life: Palliative Care and non-Palliative Care, Continued

**Summary, of your non-palliative care activities:**

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| **If your responsibilities have changed in the past 2 years, please describe the changes.** |

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| **Do you have any other activities that will keep you from being fully immersed in this program, such as enrollment in a PhD or MS program, etc.?** |

# Advancing Palliative Care

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| **What have you done to advance palliative care at the local level?** |

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| **What have you done to advance palliative care at the national level?** |

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| What have you done to advance palliative care at the international level? |

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| Describe a situation where you demonstrated personal leadership. What was the outcome (may be positive or negative)? (150-200 word limit) |

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| How do you see participating in the Leadership Development Initiative assisting you in making a meaningful contribution to your local, national, or international activities? |

# Advancing Palliative Care, Continued

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| What are the next action steps you would like to take to further your development as a leader? |

# Strategic Plan

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| Personal Leadership Skill 1: |
| Personal Leadership Skill 2: |
| Personal Leadership Skill 3: |

What are 2-3 personal leadership skills you hope to develop as part of your 2 year participation in the Leadership Development Initiative (examples: presentation skills, media relations, conflict management, strategic planning etc.)

# Palliative Care Activities

What are 2-3 palliative care activities that you will focus on to build your leadership skills and advance palliative care (e.g. expanding the palliative care services in my organization, developing PC educational programs for my hospital, supporting the development of a national PC association, creating a strategic plan to integrate PC in a national health care plan, etc.)

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|  | Anticipated Outcome |
| Personal Leadership Activity 1: |  |
| Personal Leadership Activity 2: |  |
| Personal Leadership Activity 3: |  |

# Confirmation

The Institute for Palliative Medicine will be very respectful of your confidentiality and privacy concerns.

I acknowledge that the information provided in this application is correct and complete to the best of my knowledge. I understand this information will be used to participate in the Leadership Development Initiative at the Institute for Palliative Medicine at San Diego Hospice.

This information will not be shared with anyone outside the LDI.

Initials:

Date (dd/mm/yyyy):