

**OSI-New York: Palliative Care**

**APPLICATION FORM**

**Fax to: 212 548-4613**

**Email to: [Pallgrants@sorosny.org](mailto:Pallgrants@sorosny.org)**

DEADLINE for receipt in New York Office: April 15, 2000

Please check the one program for which you are applying.

- Palliative Care Resource/Training Center (max. \$75,000 a year for two with potential for renewing for a third year)
- Palliative Care Regional Education Programs (max. \$50,000 for a two year period)
- Palliative Care National Education Programs (max. \$20,000 for a two year period)
- Regional Meetings of Policy Makers (max. \$20,000)
- Palliative Care Scholarships (budget to be determined)
- Palliative Care Travel Grants (max. \$2,000)
- Educational Materials (max. \$5,000)

**PERSONAL INFORMATION (PLEASE PRINT OR TYPE)**

1. Name: \_\_\_\_\_ Female Male  
Last name, First Name

2. Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City Postal Code Country  
\_\_\_\_\_  
Home Telephone (City Code, Country Code, Number)

3. Work Address: \_\_\_\_\_  
Name of Place of Employment  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City Postal Code Country  
\_\_\_\_\_  
Work Telephone Number: (City Code, Country Code, Number)  
\_\_\_\_\_  
Fax Number: (City Code, Country Code, Number)  
\_\_\_\_\_  
Email Address:

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Country of  
Citizenship: \_\_\_\_\_

6. Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

7. Please forward a copy of your CV. (The CV must include the names and locations of all universities attended, dates and names of degrees obtained, dates and location of practical training such as internships, residencies, or fellowships. You CV must list your current professional position and

responsibilities, current teaching assignments, a bibliography of your published peer reviewed publications, any positions you currently hold with professional organizations or societies, list the titles of papers/lectures you have presented at conferences in the last five years only, list any awards or honors received in the last five years, list any grants or funding you have received in the last three years. Please include a brief project description.)

8. Have you had any training abroad? If yes, please briefly describe. YES NO
9. Have you ever attended a professional conference abroad? If yes, please briefly describe. YES NO
10. Is there a palliative or hospice care association in your country? YES NO

If yes, please provide the complete mailing address and contact information.

11. Are you a member of the International Association for the Study of Pain? YES NO
12. Are you a member of the European Association for Palliative Care? YES NO
13. Are you a member of Children’s Hospice International? YES NO
14. Please describe how much direct patient contact you have.

15. Please briefly describe your involvement in the field of palliative care and how you will use this grant award to improve patient care in your country. Please include a short description of the organization, institution, or agency you work for or with, its programs and your involvement.

16. Knowledge of Languages

Please evaluate your knowledge of foreign languages. If you have taken the TOEFL exam or other language exam, please attach a copy of your scores. Indicate the level of your speaking, reading and writing abilities in the chart below by writing: excellent, good, fair, poor in the appropriate box. Please list and evaluate your abilities in any other languages that you know such as German, French, etc.

	Ability to SPEAK	Ability to READ	Ability to WRITE
ENGLISH			

17. Institution of Organization Information

- Please check one
- For-profit organization
- Non-profit organization or association
- Government organization
- University

18. If not a university or government organization, please describe when your organization was established and what it does?

19. Have you ever received a grant from any Soros Foundation or the Open Society Institute? YES NO

If yes, please provide a brief description of all projects funded.



## OSI-New York: Palliative Care Program

### BUDGET PAGE

**(This page must be completed for applications for Programs 1, 2, 3, 4, 6, 7**

Please detail your budget on the form below. Please only fill in sections that apply to your project. You should list all expenses related to the project and present them in the appropriate column. Please show exactly how much is needed for each item from Open Society/Soros Foundations and how much is provided for from other sources.

<b>BUDGET ITEM</b>	<b>Funding Requested from Open Society Institute</b>		<b>Funding contributed by other sources</b>	
	local currency	US dollars	local currency	US dollars
1. Project Costs (list items separately)				
sub-total:				
2. Training Costs (list costs for each workshop separately)				
sub-total:				
3. Periodicals, publications, educational videos and books				
sub-total:				
4. Other (describe):				
sub-total				
<b>GRAND TOTAL:</b>				

#### **SIGNATURE OF APPLICANT**

I certify that the information given in this application and the attached pages is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of institutional/organizational fiscal officer \_\_\_\_\_

Date: \_\_\_\_\_