## Application: Action Research – Palliative Care and Heart Failure

NB: Please read the action research proposal and cover letter before completing this application form

Lead applicant

Name

Job title		
Work location(s)		
& Organisation		
Address		
Email		
Phone		
Applicant 2		
Name		
Job Title & Organis	sation	
Work location(s)		
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Applicant 3		
Name		
Job Title & Organis	sation	
Work location(s)		
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1. Please describ	e the site i	n which this action research will take place. This
		e and nature of services available; average number
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2. Please describe what (if any) training staff in the heart failure service have received in palliative/end-of-life care
3. Please describe any experience the <u>applicants</u> have in the areas of palliative care/end-of-life care for people with heart failure
SECTION 2 4. What interests you in undertaking this research project?
5. What benefit will this research project have to people with heart failure in your service, their families; staff involved in their care and overall service delivery?
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8. Have applicants been involved in research? YES / NO. If YES please list 5 key publications				
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9. If successful who w management committee		les of people on the local		
10. If successful, what	difficulties, if any, do y	you anticipate with implementation		
11. If successful what this initiative?	would be ideal time fra	me for your service to commence		
12. Please add or encl support your applicat		rmation you may have that would		
Signatures Lead Applicant	Applicant 2	Applicant 3		
Please return	this completed applic	ation form to Marie Lynch		

Via Email: <u>marie.lynch@hospice-foundation.ie</u>

Via Post: Marie Lynch, IHF, 32 Morrison Chambers, Nassau St, Dublin 2

## CLOSING DATE FOR RECEIPT OF APPLICATIONS IS 29 JUNE 2009

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