



**HOSPICE & PALLIATIVE CARE ASSOCIATION OF ZIMBABWE (HOSPAZ)
MEMBERS APPLICATION FORM 2014**

FORM to be filled by a person with full knowledge of the Organisation

A. Contact Information

- 1) Name Of Organization _____
- 2) Contact Physical Address _____
- 3) Contact Postal Address _____
- 4) Contact Telephone _____
- 5) Contact Cell phone _____
- 6) Contact Email _____
- 7) Contact Person _____

B. Registration

1) Registration status of your Organization with the Department of Social Welfare?

Registered Not registered

2) If registered, what is registration number of your organization?

3) Please indicate your staff complement,

Staff	Total	Trained in Palliative care	Trained in HBC	Trained in Counselling
Nurses				
S/workers				
Doctors				
Caregivers				
Case Care Workers linked with Depart of Social Services				

4) MEMBERSHIP FEES:

Are you a paid up member? Yes No

Date of last payment _____



C. CURRENT Areas of operation

1) Which province/s do you operate in?

Province	District	Wards
Mashonaland East		
Mashonaland West		
Mashonaland Central		
Manicaland		
Midlands		
Matabeleland South		
Matabeleland North		
Masvingo		
Harare		
Bulawayo		

NB. If you operate in more districts and wards please continue to fill on the back of the form or on additional paper.

3) **Locality.** Please circle one answer: 1. Urban 2. Rural 3. Rural & Urban

D. Services CURRENTLY offered

Tick wherever applicable.

a) Bereavement services b) Counselling - Psychological Support - Social support - Spiritual Care	Basic nursing Home visits Orphan care Nutritional Support
Training and education & information a) Voluntary Counselling Testing b) Provider Initiative Counselling & Testing	Supply Medications for: a) Pain management b) Symptom management c) Opportunistic Infections (OIs)

Name and Position _____

Signature _____ Date _____