

- PalCare presents -

# Grief and Bereavement

## SUPPORT

PRESENTED BY  
LOUISE LEBLANC

CAREGIVER & GRIEF SUPPORT COORDINATOR

**MONDAY,  
NOVEMBER 19<sup>TH</sup> &  
NOVEMBER 26<sup>TH</sup>, 2018  
9:00 AM - 12:00 PM**

**MARGARET  
BAHEN HOSPICE  
653 QUEEN ST., NEWMARKET  
L3Y 2J1**

**THIS COURSE WILL PROVIDE EXPERIENCED VOLUNTEERS AND PROFESSIONALS WITH A FOUNDATION IN, AND PRACTICAL SKILLS FOR PROVIDING BASIC GRIEF AND BEREAVEMENT SUPPORT. PARTICIPANTS WILL:**

- address their own experiences of coping with grief
- understand anticipatory grief, responses to grief, complicated grief and the tasks of mourning
- be provided with practical strategies to support individuals who are grieving
- explore empathy and practice mindful listening
- clarify the roles of professionals and non-professionals in providing grief and bereavement support
- participate in group work and role playing to reinforce course learnings

PROGRAM CONTENT IS SUITABLE FOR MEMBERS OF THE INTERDISCIPLINARY TEAM WHO ARE PROVIDING DIRECT SUPPORT AND ARE INTERESTED IN DEVELOPING THEIR SKILLS WITH RESPECT TO GRIEF AND BEREAVEMENT SUPPORT. TO BE ELIGIBLE FOR REGISTRATION PARTICIPANTS MUST HAVE:

- completed Core 1 - Introduction to Core Concepts in Hospice Palliative Care or equivalent hospice palliative care education
- have a minimum of one year experience volunteering or working with individuals receiving hospice and/or palliative care
- provide a letter of support from the organization or Community Hospice they are working with

**Professional Rate \$50 Volunteer Rate \$25 \*Space is limited Register NOW!**



# Grief and Bereavement Support REGISTRATION FORM

## Participant Information

Name: \_\_\_\_\_  
*First Name* *Last Name*

Address: \_\_\_\_\_  
*Street* *City* *Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Education Session

**NEWMARKET**  
**Monday, November 19<sup>th</sup> and Monday November 26<sup>th</sup>**  
**9:00 am to 12:00 pm**  
Margaret Bahen Hospice  
653 Queen St.  
L3Y 2J1

Complete course outline and session details at [www.palcarenetwork.org](http://www.palcarenetwork.org). Please contact [education@palcarenetwork.org](mailto:education@palcarenetwork.org) directly if you have any questions.

## PROFESSIONAL RATE \$50 VOLUNTEER RATE \$25

Payments by **CHEQUE** are payable to **Better Living Health and Community Services**. Please mail completed form and cheque to **Better Living Health and Community Services, 1 Overland Dr., Toronto, ON M3C 2C3**.

Payments made by **CREDIT CARD** may be mailed or faxed to **416-510-1104**

Type of Card:	<input type="checkbox"/> 	<input type="checkbox"/> 	Amount: _____
Name of Cardholder:	_____		
Card Number:	_____	Signature:	_____
Expiry Date:	_____		