DNipCare

(Delhites' National Initiative in Palliative Care)

- A Volunteers' Palliative Care Initiative in Delhi -

(Regd. No. S-67554/2009**)**

Expression of Interest to be a Part of Palliative Care Activities

1. Name:

2. Date of Birth/Age: Blood Group : Are You willing to donate blood if required? : Yes / No

3. Occupation: Govt. employed/Private/Self employed/student/any other

4. Address for communication:
   a. Residence b. Office/Institution

5. Contact Number: Landline: Mob:

6. Email:

7. Are you currently a Palliative care volunteer? Yes/No

8. If you are not a volunteer, have you heard about palliative care ever before? Yes/ No

   If yes, please specify how?

9. Are you interested in joining the palliative care activities? Yes/No

10. If interested, how would you like to be part of DNipCare's palliative care activities?

    a. As a Volunteer
    b. Medical guidance and support
    c. Support in arranging medicines/ration for patients/ other help for patient care
    d. Financial Contribution
    e. Support in awareness generation regarding palliative care
    f. Any other, please specify

11. If you would like to be volunteer or provide medical care and support for patients, how much time in a week you will be able to spend for palliative care activities and when?

    Week days/holidays (Saturday/Sunday)/evenings

12. Do you like to undergo training related to palliative care? Yes/No

13. Would you like to start Palliative Care initiative in your own locality? Yes/No

(If yes, and also for any support on Palliative Care discipline, please feel free to contact on the details given below)

(Signature)

"Thank you very much for sharing your valuable thoughts and concern for the ailing patients"- DNipCare

Website: dnipcare.org Blog: www.dnipcare.blogspot.com email: dnipcare@gmail.com , dnipcare@rediffmail.com

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