## **EXAMPLE** EONS APPLICATION FORM -STUDY DAY

DETAILS OF PERSON MAKING THE APPLICATION				
First name of person making application	Minnie			
Second name of person making application	Box			
Role/job title of person making application	Practice Development			
	Nurse-Oncology			
Email address of person making the	m.box @			
application				
Telephone number of person making the	+44			
application				
DETAILS OF APPLYING OF	RGANISATION			
Name of applying organisation	Daisy Oncology Centre			
Email address of the applying organisation	doc@			
(if different to the above)				
Telephone number of the applying	+44			
organisation (if different to the above)				
Postal address of the applying organisation				
Street address	15 Ground Street			
Town/City	Spanden			
Postal/zip code	ZY7 8TN			
Country	England			

ABOUT THE EDUCATION EVENT				
Title	Breast cancer care			
Target audience of your event (e.g. nurses, multiprofessional	Nurses and allied health professionals			
Brief description of the event	Study day which focuses on breast cancer care			
What type of learning event is it? Is this a conference/study day/short course (less than 1 week) or a module/programme?	Study Day			
What is the aim of the event? (overall goal/purpose)	To update nurses and AHPs on best practice in breast cancer care			
What are the intended outcomes of the event? (There should be 2-5 depending on the size of the programme	<ol> <li>Identify the main forms of breast cancer and their treatments</li> <li>Discuss the potential physical, psychological and social impact of breast cancer on patents and their family/friends</li> <li>Explore best practice in the support and management of patients receiving treatment for breast cancer</li> </ol>			

outcomes detailed in the Framework does the modules and associated learning outcomes) <a href="https://cancernurse.eu/framework/">https://cancernurse.eu/framework/</a>	education/cancer-nursing-education-		
Module 1 Risk Reduction, Early Detection and Health Promotion in Cancer Care1,2,3,4,5,6	4 Examine current cancer screening strategies.		
Module 2 Cancer Pathophysiology and the Principles of Treatment Decision Making 1,2,3,4	4 Discuss the different issues which need to be considered in order to support and facilitate patients' decision making in the context of localised, locally advanced or metastatic disease.		
Module 3 Cancer Treatment, Patient and Occupational Safety 1,2,3,4,5	1 Describe the principles of local and systemic cancer treatments and demonstrate understanding of the different treatment modalities. 2 Identify the acute, chronic and late toxicities of cancer treatments. Identify the evidence to reduce the risk of, and/or manage these effects. 4 Explain the range of support required and available to PABC throughout their treatment.5 Explain treatment-related emergencies and the signs/symptoms experienced by PABC.		
Module 4 Supporting People Living With, Through and Beyond Cancer 1,2,3,4,5,6	1 Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of people affected by cancer (PABC).  3 Describe theories of self empowerment as well as lifestyle interventions for improving quality of life.		
<b>Module 5</b> Supporting People with Advanced Disease and at End of Life 1,2,3,4,5,6	2 Describe the important role of palliative care throughout the disease trajectory. 3 Identify the physical, psychological, social emotional and existential impact of advanced disease		
Module 6 Communication in Cancer Care 1,2,3,4,5	1 Discuss the importance of effective person-centered care communication in the clinical setting in general and in the cancer setting in particular.		

List the proposed speakers or educational	Devina Smith-Consultant Breast Cancer		
contributors for your event/learning	Nurse		
activity and briefly describe their	Dr Sam Mellor-Consultant Medical		
qualifications/expertise	Oncologist		
	Pamela Murphy-Specialist Physiotherapist		
	Service User-to be confirmed		
Please state the estimated number of	50		
participants			
Please state the registration fees (if any)	£60		
Provide a brief description of the evaluation	Delegates will be required to evaluate each		
process (Max 150 words)	session and the full day on a scale of 1 to		
	10. The results will be complied and		
	analysed		
Is the event sponsored by industry? If yes,	No		
by which company?			
Describe course credit points (and credit	6 contact hours		
scheme) or contact hours if applicable			
Please attach a copy of the education	See attached		
programme (If in English) or a brief			
translation by clicking on the 'Browse'			
button below			
Will this module/programme be delivered	no		
more than once? (Yes/No)			
Does this module/programme form	no		
academic study within a University?			
I confirm that I wish to submit this	M Box		
application to EONS and that all of this			
information is complete and accurate			