



— PRESENTS —

DIVERSITY AND CULTURAL COMPETENCY EDUCATION SERIES

PERSPECTIVES ON DYING:

LGBTQ

PRESENTED BY

KATE HAZELL FROM THE 519

WEDNESDAY,
SEPTEMBER 27TH
2017
9:00 AM – 12:00 PM

AURORA FAMILY
LEISURE COMPLEX
135 INDUSTRIAL PKWY N,
AURORA, ON L4G 4C4

FOSTERING LGBTQ-INCLUSIVE CARE ENVIRONMENTS

AS PART OF PALCARE'S DIVERSITY AND CULTURAL COMPETENCY EDUCATION SERIES PLEASE JOIN US FOR AN IN-DEPTH DISCUSSION ABOUT PROVIDING INCLUSIVE CARE AT END OF LIFE. PARTICIPANTS WILL LEARN TO:

- ♦ Identify and discuss common words to express sexual orientation, gender identity and gender expression in Canada
- ♦ Identify and discuss LGBTQ-affirming hospice care, palliative care, and end-of-life services
- ♦ Identify and discuss ways to ensure care is provided in a way that is safe and inclusive for LGBTQ clients, residents, patients and staff.

Program content is suitable for all members of the interdisciplinary team including but not limited to: volunteers, caregivers, clinicians, registered healthcare professionals, community service workers, personal support workers, and program leaders.

Participation is limited, register now to confirm you spot.

\$50 per participant *Space is limited Register NOW!



FALL 2017 REGISTRATION FORM

Diversity and Cultural Competency Education Series

PERSPECTIVES ON DYING – *Fostering LGBTQ Care Environments*

Participant Information

Name:

First Name

Last Name

Address:

Street

City

Postal Code

Phone:

Email:

Session Details

Please indicate the session you are registering for:

AURORA
Wednesday, September 27, 2017
9:00 am – 12:00 pm
Aurora Family Leisure Complex
135 Industrial Parkway North – Room C
Aurora, ON
L4G 4C4



Complete session details at www.palcarenetwork.org Please contact education@palcarenetwork.org directly to make arrangements to attend alternate locations for individual sessions.

COST PER PERSON \$50

VOLUNTEER RATE \$35

Payments by **CHEQUE** are payable to **Better Living Health and Community Services**. Please mail completed form and cheque to **Better Living, 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:	_____			