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**HOSPICE PALLIATIVE CARE ASSOCIATION OF SOUTH AFRICA**  
**MEMBERSHIP APPLICATION FORM**

**NAME OF ORGANISATION:** .....

**Postal address:** ..... **Physical Address:** .....

.....

**Postal Code:** ..... **Email:** ..... **Fax No:** .....

**Telephone: Office Hours (code):** ..... **No:** .....

**After Hours (code):** ..... **No:** .....

**1. BACKGROUND DETAILS:**

**Date of meeting which formally inaugurated this organization:** .....

**What need is there for your organization in the area?**

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.....  
.....

**What are your strengths for your organization?**

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.....  
.....

**2. ORGANISATIONAL DETAILS:**

**2.1 Do you have a constitution in place? If so, please attach a copy.**

**2.2 Have you registered as a non-profit organization?**

**2.3 By whom are your accounts audited? .....**

**GOVERNING BODY DETAILS:**

Name	Date elected	Position on committee	Experience in Hospice

**3. DESIGNATED PERSONS RESPONSIBLE FOR SERVICES OFFERED:**

Service Area	Do you provide this service	Date commenced	Person responsible for co-ordinating	Qualification	Has this person a document conferring responsibility
<b>Home Care</b>					
<b>Day Care</b>					
<b>Bereavement Care</b>					
<b>In-patient unit (also no. of beds)</b>					

**4. FUNDRAISING DETAILS:**

- 4.1 Do you have a separate fundraising committee?
- 4.2 If yes, how often are meetings held?
- 4.3 Who co-ordinated this function?
- 4.4 Please attach an estimated expenditure for the year .....
- 4.5 Please attach an estimated experience for the year, highlighting how you plan to raise these funds.

**5. TRAINING DETAILS:**

- 5.1 Identify with which hospice someone in your organization has undergone a Caregiving Training Course  
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- 5.2 How many persons have attended the training?  
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- 5.3 Please attach programme and time frame for the course attended.
- 5.4 Does your hospice plan to, or presently offer, a Caregivers Training Course, YES/NO.....
- 5.5 If yes, then when will this be? .....
- 5.6 Who will take responsibility for the course? .....
- 5.7 Please attach a training plan for your staff and volunteers for the year ahead.

.....  
**Signed**

.....  
**Date**

.....  
**Position held**

<p><b>FOR HPCA RECORDS</b>  Date Received by HPCA: .....  Date of approval by regional hospice association: .....  Date of tabling at HPCA Board meeting: .....  Decision of HPCA Board: .....</p>
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