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| ***C:\Users\giordanoamelia\Documents\EAPC\EAPC 2011\EAPC logos, Covers & letterHead+Stand\EAPC Onlus\lg_eapc.jpg*** | ***European Association for Palliative Care***  ***EAPC Onlus: Non profit-making Association***  ***Non Governamental Organisation (NGO) recognised by the Council of Europe***  ***Wesiteb:*** <http://www.eapcnet.eu> |
| EAPC Head Office, Istituto Nazionale dei Tumori, Fondazione IRRCS, Via Venezian 1, 20133 Milano, ITALIA  Email: [julie.ling@eapcnet.eu](mailto:julie.ling@eapcnet.eu) | |

Task Force / Project Description

|  |  |
| --- | --- |
| Date of Submission |  |

|  |  |
| --- | --- |
| Title |  |

|  |  |
| --- | --- |
| Keywords (3-10) separated by a comma |  |

Keywords: Enter minimum 3 maximum 10 keywords / terms very specific for this Task Force, separated by comma (example: neuropathic pain, assessment, relief, etc…). The keywords must also be present in the text. This will be what the Internet search engines look for.   
DO NOT USE: Palliative, palliative care, palliative medicine, symptom control, quality of life, end of life, advanced disease, pain, dying, as these are inserted automatically in the Web pages.

|  |  |
| --- | --- |
| Summary / Abstract |  |

|  |  |
| --- | --- |
| Aims & objectives |  |

|  |  |
| --- | --- |
| Background |  |

|  |  |
| --- | --- |
| Milestones  (Time schedule with methods & outcomes) |  |

|  |  |
| --- | --- |
| Members (names, titles, affilation, profession & country) | Chair/s or Coordinators |
| Steering committee |
| Members |

|  |  |
| --- | --- |
| Partners (Institutions collaborating with or supporting the project) |  |

|  |  |
| --- | --- |
| Financial Plan, Budget |  |

**Contact details of chair(s) and/ or co-ordinator(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution |  | Profession |  |
| Department |  | | |
| Address |  | | |
| Post Code |  | City |  |
| Country |  | | |
| Phone |  | Fax |  |
| E-mail |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution |  | Profession |  |
| Institution |  | | |
| Department |  | | |
| Address |  | | |
| Post Code |  | City |  |
| Country |  | | |
| Phone |  | Fax |  |
| E-mail |  | | |

Please click the section(s) on the EAPC website where you suggest the taskforce should be included, the **main section** on the left list and eventual other sections you propose on the right one.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Policy | Research | | Organization | Clinical | | Education | Specific Groups |  | | Ethics | |  | |  | | |  |  | | --- | --- | | Policy | Research | | Organization | Clinical | | Education | Specific Groups | | Ethics | |  | | |
|  |  |  |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the form electornically and send it by email