TORONTO CENTRE FOR APPLIED BUDDHISM

Contemplative Care at End of Life Module Application Form
Taught by Linda Hochstetler, MSW RSW, and other guest teachers
10 Saturdays; January 11-March 21, 2020 (no class on Feb. 15): 1:30 - 3:00 pm
33 High Park Gardens

Name:			
Address:			
Email Address: Phone		umber:	
Buddhist Sangha you are affilia	ted with:		
Three Refuges taken in	(year) with		
		(name of teacher a	and Sangha)
5 Precepts taken in	_ (year) with		
		(name of teacher	and Sangha)
	ha, hospice, or elsewhere:		
Personal experience with death	and grief:		
Commitment to attend regularly	, and miss fewer than 2 /10 classes	s?	
Interest in volunteering up to 1-	4 hrs/week with seniors or hospice	palliative clients?	
Interest in joining a Buddhist Ch	s group?		
What is your current comfort lev	vel with dealing with hospice palliat	tive care and end of li	fe issues.
What is your current knowledge issues?	concerning Buddhist and Contem	plative Care End of L	ife
Participant Signature		 Date	