

Application No :

APPLICATION FORM for GERIATRIC CARE COURSE

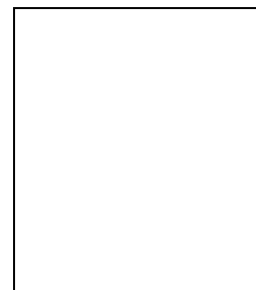
Name :

Age & date of birth :

Sex :

Name of the Parent / Guardian :

Address for Communication :



Educational Qualification :

Enclosures: Age Proof, X std Mark Sheet

DECLARATION

I certify that the particulars furnished by me on this form are true, complete and correct

Date :

Place :

Signature

SHORT TERM TRAINING PROGRAMME FOR HEALTH CARE PROVIDERS IN GERIATRIC

General Objectives:

The course is a Certificate course with objective to enable the health care provider to develop a multi functional assessment and multi-disciplinary approach to the problem of the aged.

Specific objectives:

After completion of the training programme the Health care provider will be able to:

- Identify the physical, mental, social and economic problems of the elderly and disabled.
- Plan and carryout nursing activities to the aged and disabled.
- Provide first aid and emergency nursing care including treatment of minor ailments.
- Plan and carryout nutrition and health education activities in the home, clinic and community.
- Perform basic health care activities in the community, home and Institutional setting.
- Identify community resources for promoting health, health maintenance and healthy life style.
- Participate in preventing diseases, disabilities and impairments.

Contents of the curriculum:

- ❖ Anatomy and Physiology
- ❖ Microbiology
- ❖ Environmental Health
- ❖ Fundamentals of Nursing
- ❖ Elementary Sociology
- ❖ Elementary Psychology
- ❖ Nutrition
- ❖ Health Education
- ❖ Home Care Management

The duration of the course	-	6 months
Intake of students in each batch	-	30
Minimum qualification	-	X std. passed

Compulsory residential course

COURSE FEE AND BOARDING & LODGING:

Course fees	=	Rs.2500/-
Boarding & Lodging charges	=	Rs.1,000/- per month

Scope:

On successful course completion the candidates are eligible to function as:

1. Health Care Provider in oldage home by both Government and Non-governmental sector
2. Care provider at both for age and disabled.
3. Health Care Provider at Hospice.
4. Health Assistant in Private Nursing Home

For application forms, send a request with a **Postal Order for Rs.50/- payable to the Director, GIRH & FWT.,** or DD in favour of the **DIRECTOR payable at State Bank of India, Ambathurai (Code: 3373)** with a self – addressed stamped envelope (OR) the application form available on the web site (www.girhfwf.org) can be downloaded and the filled in application form along with postal order / DD (SBI), Ambathurai (Code: 3373) can be sent to Director, GIRH, Gandhigram Post, Ambathurai R.S. Dindigul District – 624 302. The last date of receiving filled up application **30th June, 2007**