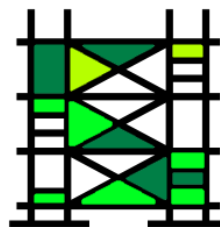


Project Scaffold Application

This form can be completed using any PDF reader.



Date of Application:					
I am applying to be included as: <small>Associates: Facility interested in optimisation, but not as part of pilot. Affiliates: Individuals & Organisations with expertise, willing to assist.</small>	A Pilot Phase participant		An Associate		An Affiliate
Contact person:					
Role:					
Telephone number:					
Email address:					
Organisation:					
My primary area of expertise or interest is:					

The balance of this form is for completion by those applying to be either part of the Pilot phase or to be Associate partners

Name of Frail Care Centre:			
Address of Care Centre:			
Province:			
Number of rooms:		Number of beds:	
Currently registered with DSD?		Date of registration:	
MOTIVATION: (Selection of the candidates used for the pilot phase of the project will depend in part on motivation.)			

Please send this form to projectscaffold2021@gmail.com should you wish to participate.

For Office use only:

Date of receipt:		Application acknowledged?:	
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