**National Network of GSF Ambassadors**

**Registration Form**

By completing the below form you are willing to undertake the role of a GSF Ambassador

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| **Date:** |  |
| **Name:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **GSF Facilitator:** | **Yes / No** |
| **When did your organisation receive the Quality Hallmark Award:** |  |
| **What grade does your organisation hold – please circle** | **Pass Commend Beacon** |
| **How much time are you able to give:** |  |
| **Preferred Days / Availability:** |  |
| **Area and Distance prepared to travel:** |  |
| **Specific Tasks:** |  |
| **Comments:**  *Please complete the questions overleaf* |  |

1. **How can you help to increase GSF awareness, uptake and delivery in your area and beyond?**

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| --- | --- |
| Awareness  Uptake  Delivery |  |
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1. **What are you going to do to help improve EOLC using GSF**

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1. **In the context of the difficulties in the care home sector, how do you think GSF empowers care homes?**

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1. **Why do you think others should engage in GSF within the care home sector?**

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Once you have completed the form could you please email to [carehomes@gsfcentre.co.uk](mailto:carehomes@gsfcentre.co.uk).

Thank you