**National Network of GSF Ambassadors**

**Registration Form**

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

|  |  |
| --- | --- |
| **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?**

|  |  |
| --- | --- |
| AwarenessUptakeDelivery |  |
|  |
|  |
|  |

1. **What are you going to do to help improve EOLC using GSF**

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

Once you have completed the form could you please email to carehomes@gsfcentre.co.uk.

Thank you