



Users Forum

MEMBERSHIP APPLICATION FORM

Identification

Name:

Address:

Zip Code:

City:

Country:

WWW address:

Contact person:

Tel.:

Fax:

E-mail:

Language:

Preferred: English Spanish Portuguese Other: _____
 Understood: English Spanish Portuguese Other: _____

Profile

Type

- Care provider --> Institution Individual
 Technology developer --> Company Researcher
 Elderly person Relative of elderly person
 Public institution Private foundation / association
 Network Service provider

Care provider – Institution

- Residence
 Day center
 Health care center
 Other: _____

Care provider – Individual

- Direct care provider
 Technical Area: _____
 Administrative / Management
 Role: _____

Technology developers

- Health care devices
 Elderly monitoring devices
 Home appliances
 Software systems
 Other: _____

Elderly / Relatives

Age: ____ Education level: ____
 Internet access (Y/N): _____

Network service provider

- Internet Service provider
 Communications provider
 Other: _____

Level of commitment

Tick all that apply

The candidate member will be able to:

- Participate in discussions / consensus building
 Answer focused questionnaires
 Participate in local meetings
 Evaluate / test project results
 Develop complementary services / tools
 Interested in being a partner in a follow up initiative

As a member of TeleCARE Users Forum the candidate:

- Will have first hand and timely access to leading edge research and technology development
 Will be able to participate in consensus building, influencing research direction
 Will have privileged access to early technology evaluation
 Will have the opportunity to network in the area
 Will be referenced in the TeleCARE web site

The candidate member will respect any confidentiality request regarding information provided by TeleCARE.

Date: ___ / ___ / _____ Signature: _____