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| http://instituciones.msp.gob.ec/dps/snem/images/stories/logo_msp.jpg | **ECUADOR – EARTHQUAKE - 2016** |  |

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|  **EMT NAME** |  | **WHO GLOBAL CLASSIFICATION ID #** | SI APLICA |
| **EMT LEVEL** |  | **DATE AND TIME OF THE OFFER**  | **dd / mm / yyyy HH:MM** |

[ ] We agree to comply with EMT guiding principles and standars, available at <http://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf>

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| **INTERNAL OFFICIAL USE ONLY - USO OFICIAL INTERNO MSP** |
| **ESTADO ACEPTACIÓN:** | [ ] Aprobado | [ ] Pendiente | Razón: |
| [ ] Asignado | [ ] Rechazado | Razón: |
| **VERIFICACIÓN EMT** | [ ] Clasificado OMS | [ ] Aeropuerto | [ ] Lugar de despliegue |
| **LUGAR ASIGNADO:** |  |  | **FECHA DESPLIEGUE:****ESTADIA (DIAS):** | **dd / mm / yyyy** |
| *Localizacion* | *GPS Coordenadas* |
| **COMENTARIOS:** |  |

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| **EMT INFORMATION** |
| **ORGANIZATION** |
| **ORGANIZATION TYPE:** | [ ] NATIONAL NGO [ ] INT NGO [ ] GOVERNMENT [ ] MILITARY [ ] OTHER: |
| **COUNTRY:**  | **EMT NUMBER: ##** DE **## (TOTAL EMT DESPLEGADOS)** |
| **TIME (DAYS) OR ESTIMATED DATE OF ARRIVAL IN COUNTRY:** | **TIME (DAYS) OR ESTIMATED DATE TO BE OPERATIONAL** |
| **ORGANIZATION FOCAL POINT (IN HEAD OFFICE)** |
| **TITLE/NAME** | **POSITION:** |
| **ADDRESS:**  |
| **EMAIL:** | **PHONE:** |
| **EMT FOCAL POINT (TEAM LEADER IN FIELD)** |
| **TITLE/NAME:** | **POSITION:** |
| **EMAIL TEAM LEADER** | **EMAIL EMT:** |
| **LOCAL PHONE:** | **SATELLITE PHONE:** |

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|  | **EMERGENCY MEDICAL TEAM DETAILS** | **EMT NAME/GLOBAL CLASSIFICATION ID#** |

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| **EMT LEVEL** |
| [ ] Type 1 Mobile [ ] Type 1 Fixed [ ] Type 2 [ ] Type 3 [ ] Specialized cell *(Please specify)*:Will your team bring a field facility or field hospital?[ ] No [ ] Yes Specify Type: Number: Measure approximately of EMT: |

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| **APOYO LOGISTICO** |
| **Any logisitical limitation or support required?**[ ] **No** [ ] **YES Specify** (in case you could need transport, please confirm type, weight and volume). |

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| Outpatient capacity (patients/day): |  | Otras capacidades:[ ] General Anaesthesia[ ] Intensive Care[ ] X-Ray[ ] Ultrasound[ ] Laboratory[ ] Blood transfusion[ ] Pharmacy[ ] Rehabilitation |
| Inpatient capacity (number of beds): |  |
| Number of surgical table: |  |
| Surgical capacity (Number of major and minor procedures/day): |  |

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| **SPECIFY CLINICAL SERVICES** | **SPECIFY PUBLIC HEALTH CAPACBILITIES** |

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|  | **EMERGENCY MEDICAL TEAM DETAILS** | **EMT NAME/GLOBAL CLASSIFICATION ID#** |

[ ]  We agree to comply with EMT guiding principles and standars, available at <http://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf>

**STATUS WHO GLOBAL CLASSIFICATION**

☐No account ☐Requested ☐In progress ☐Classified ☐ID:

**PREVIOUS DEPLOYMENT EXPERIENCE (UP TO LAST 5 DEPLOYMENT)**

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| **YEAR** | **COUNTRY** | **EVENT** | **TYPE EMT** | **DURATION MISSION** |
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**EXISTING OR PREVIOUS WORKING RELATIONSHIPS IN ECUADOR**

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| **ORGANIZATION** | **LOCATION** | **RELATIONSHIP** |
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| **EMT STAFFING DETAILS (TYPE AND NUMBER)** | **SPECIFY TYPE AND NUMBER OF LOCAL STAFF MIGHT BE NECESARY TO JOIN THE EMT** |

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| **DOCUMENT CHECKLIST**☐Current Practice License☐CV or summary of profesional experience☐Passport☐Visa (if applicable)☐Custom documents☐Other required documents as per government | **NAME AND EMAIL OF THE PERSON WHO HAS FILLED THE FORM** |