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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** |