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| World Health Organization  **Regional Office for Europe**  Weltgesundheitsorganisation  **Regionalbüro füR Europa** |  | Organisation Mondiale de la SantÉ  **Bureau RÉgional de l'Europe**  ВсемирнаЯ организациЯ здравоохранениЯ  **Европейское региональное бюро** |
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**Information on healthcare facilities that plan to participate in a health initiative for Ukrainian people in need of medical care**

1. **Name of the hospital**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Location of the hospital**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Focal point in the hospital** *(Name, position, telephone, email):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Target population** *(e.g. neonates, children, adults):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Type of care that can be provided and number of patients that can be admitted**:

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| --- | --- | --- | --- | --- |
| **#** | **Type of care**  **(e.g. trauma care, oncology, dialysis, etc.)** | **Number of beds available for patients from Ukraine** | **Period when beds can be available** | **Comments** |
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1. **Possibility to arrange transportation for patients** *(most likely from Poland)***:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Availability to provide accommodation for family members** *(for families of pediatric patients or dependents):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Fee for services** *(please indicate in case services are not free of charge):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Other information** *(if necessary):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_