



**Alzheimer's Disease
International**

The global voice on dementia

**ALZHEIMER'S DISEASE INTERNATIONAL
ACCREDITATION PROGRAMME**

ELIGIBILITY REQUEST FORM

ORGANISATION/PROVIDER INFORMATION

Name:

Title (role):

Address:

Email:

Mobile number:

Website:

Head of Organisation/Provider:

Key Accreditation Contact/Co-ordinator:

DESCRIPTION OF THE ORGANISATION/PROVIDER

- 1. Describe why and when the organisation/provider was first established and current structure:**

2. Location/address of facilities where training is delivered and overall description of facilities:

3. Describe how the organisation is managed. Provide an organisational chart (a diagram/chart showing the management structure and staff reporting lines):

- 4. List and describe the training programmes proposed for accreditation, and include number of participants on each programme and also number of staff delivering the training:**

5. Describe financial management of the organisation/provider and how training is funded:

LOCAL AND NATIONAL CONTEXT

1. **Provide an overview of the training programmes in the context of dementia care within the local and national context:**

2. Describe links with stakeholders, partners (private sectors, government), local communities and care organisations:

3. List accreditation/certification by local or national agencies (if applicable):

WHY IS THE ORGANISATION/PROVIDER SEEKING ACCREDITATION?

NAME OF PERSON COMPLETING THE FORM:

ROLE:

DATE: