

Destination Advice

By providing us with the following information, you are enabling us to make suitable arrangements for your assessment. Your assistance is appreciated.

1. Does your facility have nursing quarters that are appropriate, i.e non-shared bathrooms and are available for the assessment team to use? Yes No
2. If you answered No to question 1, please recommend three suitable options for accommodation, within a reasonable distance of the facility:

| | Name | Address |
|-----------------|------|---------|
| Option 1 | | |
| Option 2 | | |
| Option 3 | | |

3. Please provide any helpful information for the assessment team, such as:
 - personal safety in the local area, particularly at night
 - transportation tips
 - location of shops and restaurants near accommodation and/or facility

4. Is the facility able to assist with transportation of the assessment team? (i.e. airport, commuting from accommodation) Yes No

If yes, please provide details:

5. Is the facility able to assist with meals for the assessment team? (i.e. snacks, lunch) Yes No

If yes, please provide details: