

Red asterisk * fields are compulsory. Fields without are optional.

Service / Company

Listing Name *

Categories * Minimum 1 Required - Maximum 5 . Mark with a **v or **X** (more options on page 2)**

A. SUPPORT ORGANISATIONS, GROUPS, COACHES & TRAINING

— Dementia & Alzheimers Community Support Groups

— Dementia & Alzheimers Support Coaches

— Dementia & Alzheimers Support Organisations

— Other Community Support Groups

— Religious Community Support Groups

— Senior Citizens Community Support Groups

— Senior Citizens Organisations

— Training: Homebased Caregiving

— Training: Specialised Dementia & Alzheimers

B. HOMEBASED SUPPORT & CARE

— Caregiver Placement Agencies

— Caregiving: Private Caregivers (Local Experience Only)

— Caregiving: Private Caregivers (Overseas Experience)

— Caregiving: Private Nurses

— Caregiving: Private Nursing Sisters

— Companions

— Daycare Respite Services

— Home Delivered Meals

— Mobile Therapists

— Transportation Services

C. HEALTHCARE & MEDICAL

— Audiologists

— Chiropractors

— Counsellors

— Dentists

— GP's

— Homeopaths

— Lymphedema Therapists

— Neurologists

— Occupational Therapists

— Osteopaths

— Physiotherapists

— Podiatrists

— Pshycotherapists

— Psychiatrists

— Psychologists

— Wound Care Specialists

More options on page 2

Red asterisk * fields are compulsory. Fields without are optional.

Categories (continued from page 1) *

D. RESIDENTIAL CARE FACILITIES

— Dementia & Alzheimers Care Homes

— Frail Care Homes

— Hospices

— Retirement Homes

— Step Down Facilities

E. OTHER HELPFUL SERVICES

— Caterers

— Health Shops & Alternate Medicines

— Home Cleaning Services

— Home Maintenance Services

— Lifestyle & Wellness Services

— Pharmacies

— Retail: Online

— Retail: Shops

— Specialist Products

F. LEGAL SUPPORT

— Family Support

— General Practice Support

— Specialised Support

G. EMERGENCY SERVICES

— Ambulance

— Crisis Helplines

— Fire

— Missing Persons

— Police

— Security

Address

Line 1 *

Address

Line 2 *

Town *

Province & Post Code *

Office Hours

Certifications

Phone

Number 1*

Phone

Number 2

Email

Address *

Website

Address

Social

Media

Links

Red asterisk * fields are compulsory. Fields without are optional.

Listing Option *

- 12 months for only R199.
- 24 months for just R340. 15% off.
- 36 months for an incredible R450. 25% off.

Bank Details

Bank: ABSA
Account Name: DROP
Account Number: 409 459 0495
Sort Code: 632005
Reference: **Your Service / Company Listing Name**

VERY IMPORTANT - Please email the following to info@drop.org.za

1. Your completed form inclusive of your Description listing * section below.
2. Your proof of payment.
3. At least one * or two pictures (in jpg or png format) relevant to your listing (logo, personal picture, premises etc) This is a compulsory requirement * to complete your listing.

Description *

Top tips to showcase your individual or your organisation's excellence.

Details to consider and include:

- ◇ Experience / Skills / Specialties / Strengths / Special Conditions / Other Great Points About Your Service.
- ◇ Treatments or Service Types / Specialties. Prices (if applicable): Per Treatment or Per Hour or Per Half Day or Per Full Day etc.
- ◇ Key Contact Names, Positions and Qualifications if applicable.

Being concise, descriptive and accurate is more advantageous.

Continue overleaf if required

Description *

Continue overleaf if required

Red asterisk * fields are compulsory. Fields without are optional.



**National Services Directory
Listing Application Form**

Description (continued)