



Norma N Gill Foundation Twinning Project

International Delegate / Contact Questionnaire.

Name _____

Address for correspondence _____

Phone No: _____ Fax _____

E-mail _____

Country _____

Languages spoken _____

Is your country willing to participate in the “buddying” idea?

Please tick **YES** **NO**

Is your country a developed country willing to provide assistance?

Please tick **YES** **NO**

Is your country a developing country requiring assistance?

Please tick **YES** **NO**



Please tick what your country is equipped to help with, or what your country requires help with:

- Text books
- WCET posters
- Up to date articles
- Slides, educational slides, new or no longer in use in your country.
- Email support (pen-pal)
- Ostomy supplies
- Information on charities that can help with ostomy supplies.
- WCET membership fees
- Congress attendance
- Congress registration
- Other congress attendance (ie **AASTN**)
- Assistance with requesting sponsorship from companies for specific country needs
- Meeting and guiding at congress
- Providing general information (ie setting up service etc.)
- Translations Indicate what languages _____

- Completing forms for scholarships
- Financial assistance to attend ETNEPs
- Establishment of ETNEP within your country
- Host a visiting nurse in your country
- Willing to travel to another country to teach
- Share your educational program



World Council of Enterostomal Therapists (WCET)

An association of nurses (Reg. Charity 1057749)

www.wceton.org

Any other means of helping?

Please explain

Please complete and return to: peterlaick@hotmail.com

Thank you for your time and co-operation. We value your comments and suggestions.

Yours sincerely

Peter Lai
Chairperson
Norma N Gill Foundation.

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