

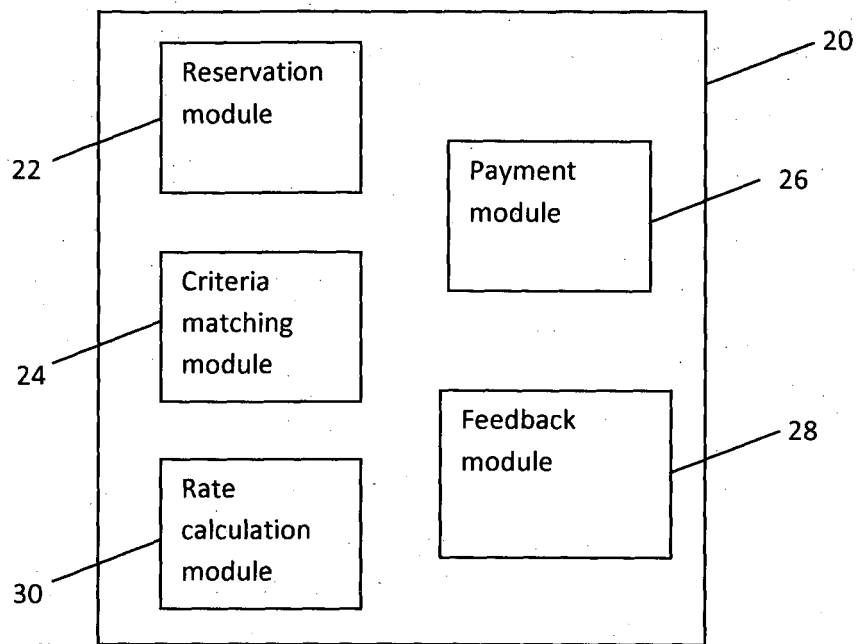


Figure 1

No show or any cancellation of a care session less than 24 hours in advance	100% of the rate of the care session
Care booking changes less than 24 hours prior to the start of a care session	100% of the rate of the care session
Care booking change in excess of 24 hours prior to the start of a care session	20% of the rate of the care session
Cancellation of a confirmed care session in excess of 24 hours before the start of Care session	50% of the rate of the care session
Failure to fill up on time a confirmation of the care within the next 24 hours after the care sessions has happened	20% of the rate of the care session

Figure 7

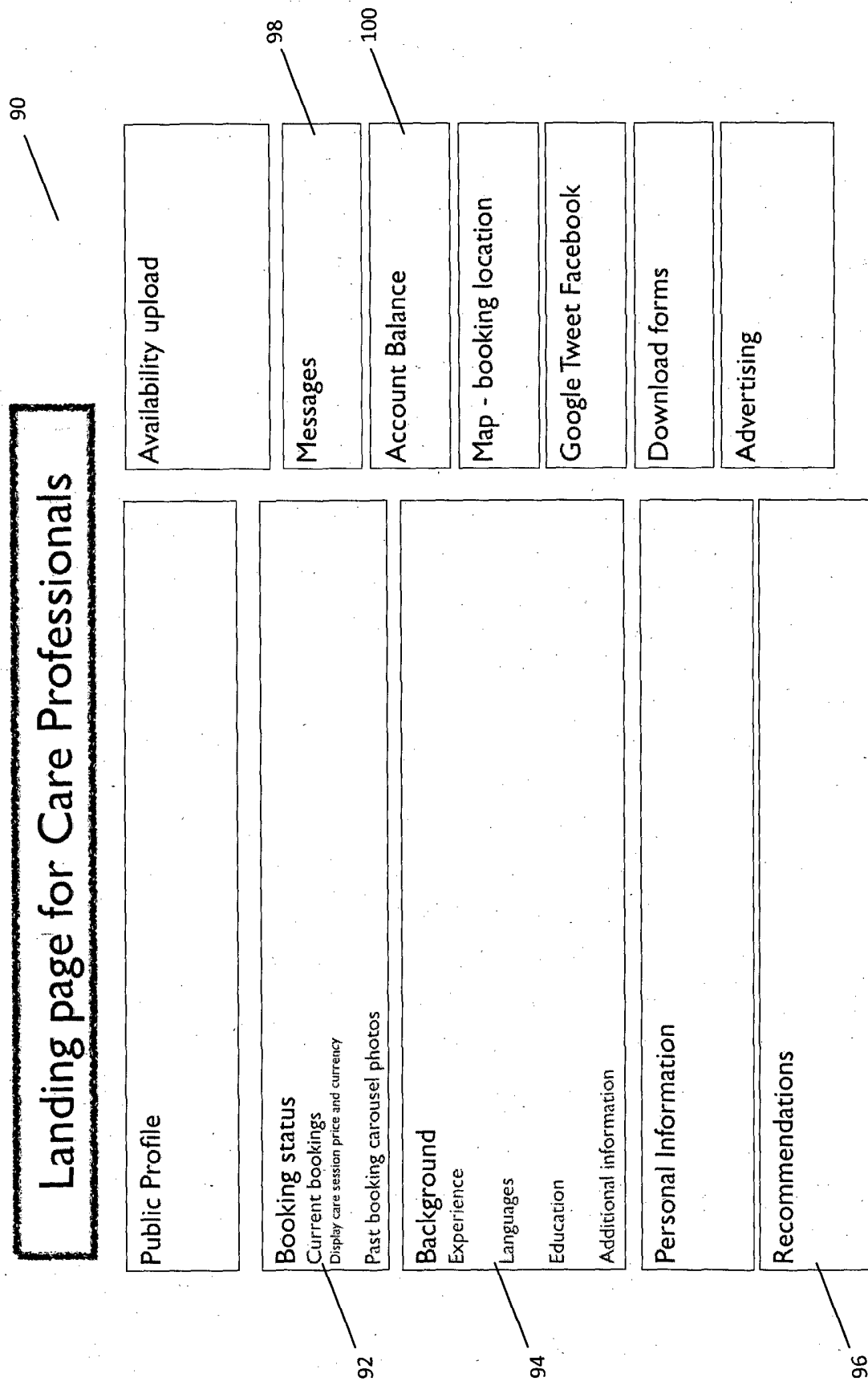


Figure 2

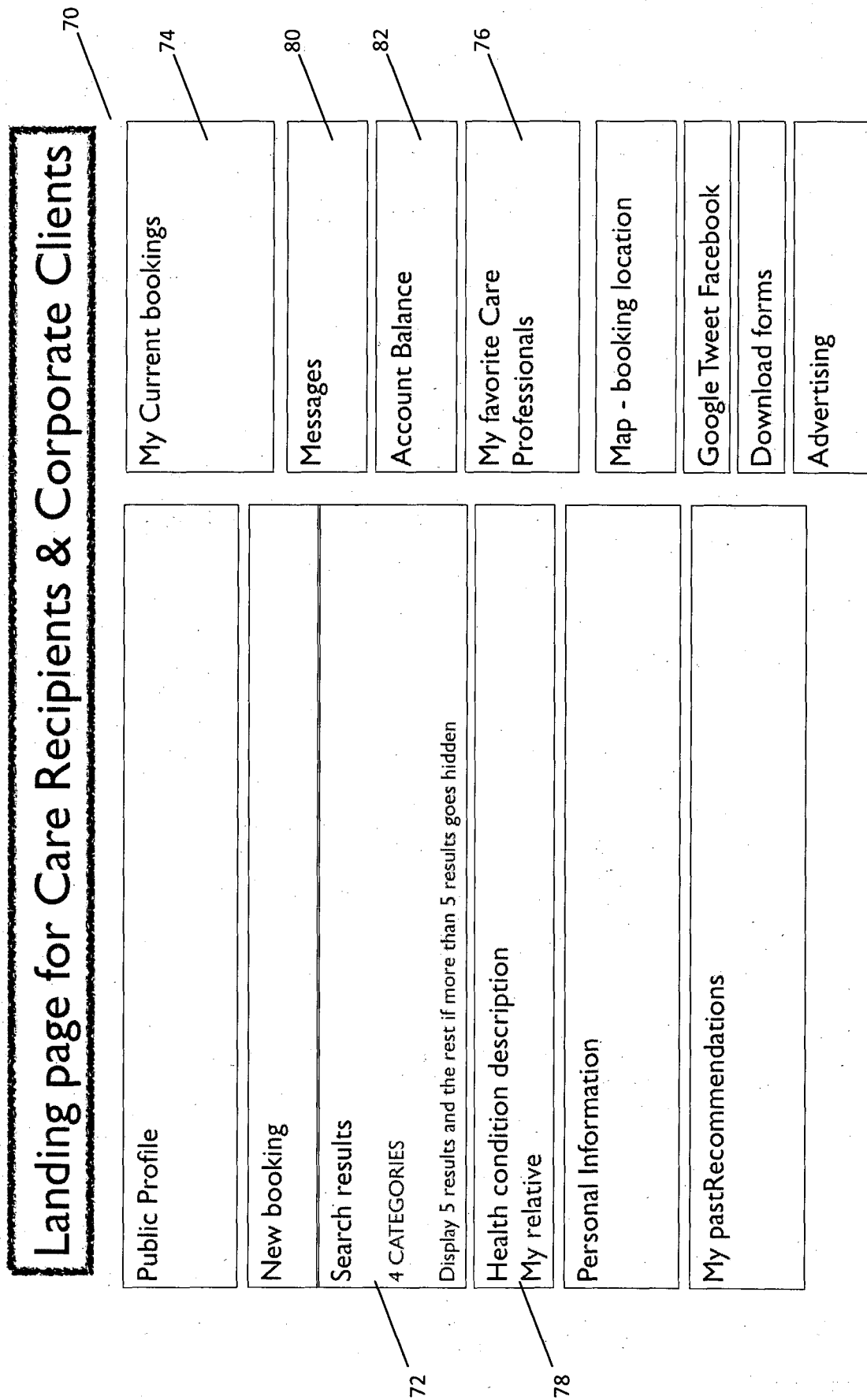


Figure 3

Care Professionals Profile seen by Care Recipients or CC

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Photo

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Category : SENIOR STAFF NURSE

Username or first name

Location : City

Age

Gender

Nationality

Currency

Your Hourly rate

Trust score = Profile completeness

55

Followers

57

Special skills : Venepuncture, Diabetic foot, Tube feeding, Suctioning, IV therapy, Wound dressing

Your Rating

Remove as favorite

Self description : max. 300 characters

Add as favorite

Remove as favorite

SEEN WHEN CLICKING ON THE PICTURE OR SCROLLING DOWN

EXPERIENCE

up to 10 listings

EDUCATION

up to 3 listings

GENERAL

Interests list : max. 60 characters

Your title

Organisation's name

Location

From date

MM

YY

To date

Duration

MM

YY

or Present

Task, description : max 60 characters

Duration

Field of Study

Title

First name

Middle

Last name

Healthcare Worker's license : number

MM

YY

Mobile

+65

93375260

BasicCardiac Life Support License

Valid to date

MM

YY

Send a message

DISCLOSE / APPEAR ONLY ONCE A BOOKING IS CONFIRMED

Make a report

Figure 4

Care Recipients Profile seen by Care Professionals

Photo ID

Username or first name Location : City

Favorites Care Professionals

I need : Basic nursing .XXXXXXXXXXXXXXX

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SEEN WHEN CLICKING ON THE PICTURE OR SCROLLING DOWN

Gender

Age

General description of the Care Recipient's condition : max. 1'000 characters

SEEN ONLY ONCE OFFICIALLY BOOKED AND BOOKING CONFIRMED

Care Recipient	Title	First name	Middle	Last name	Mobile	+65	93375260	Care location	Address line 1
Care Recipient's Representative	Title	First name	Middle	Last name	Mobile	+65	93375260		Address line 2
								City	Postal code
									Country

[send a message](#)

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Make a report

Figure 5

Surcharge fees and % to be changed in backend system

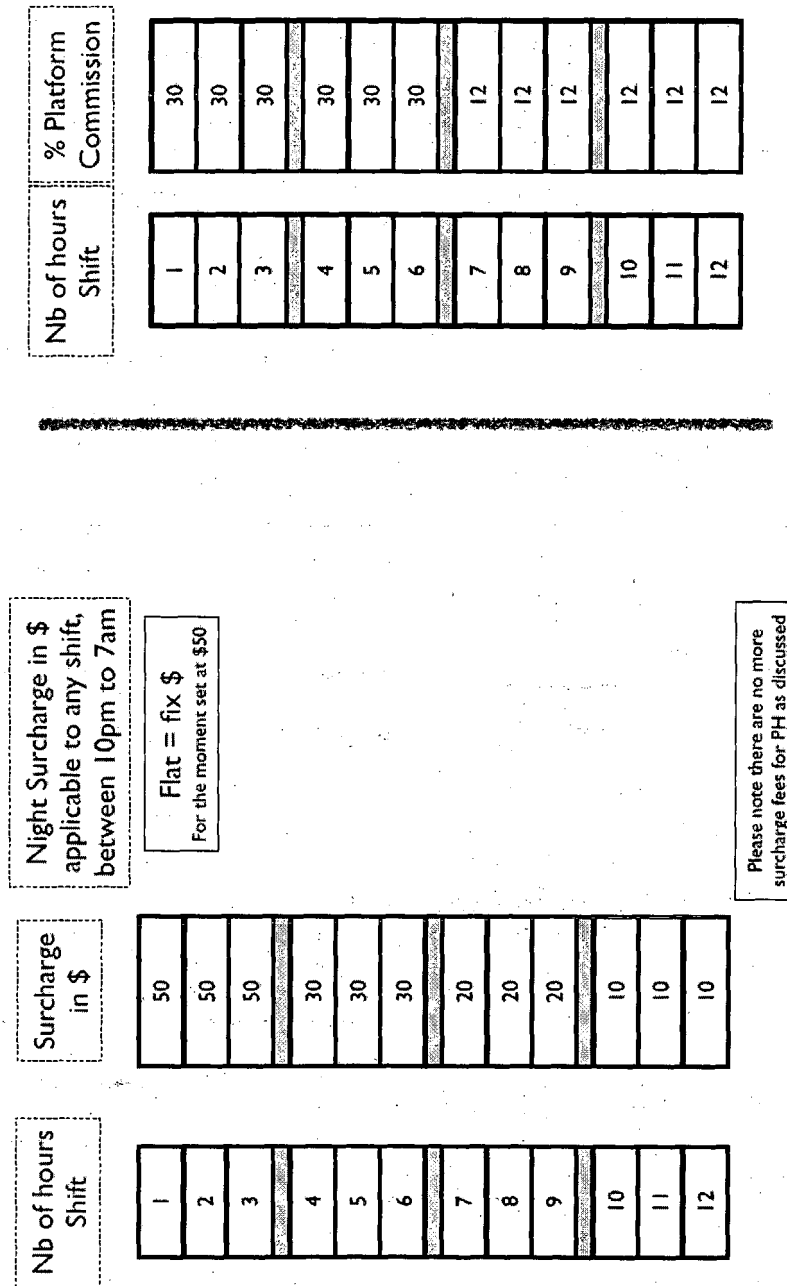


Figure 6