

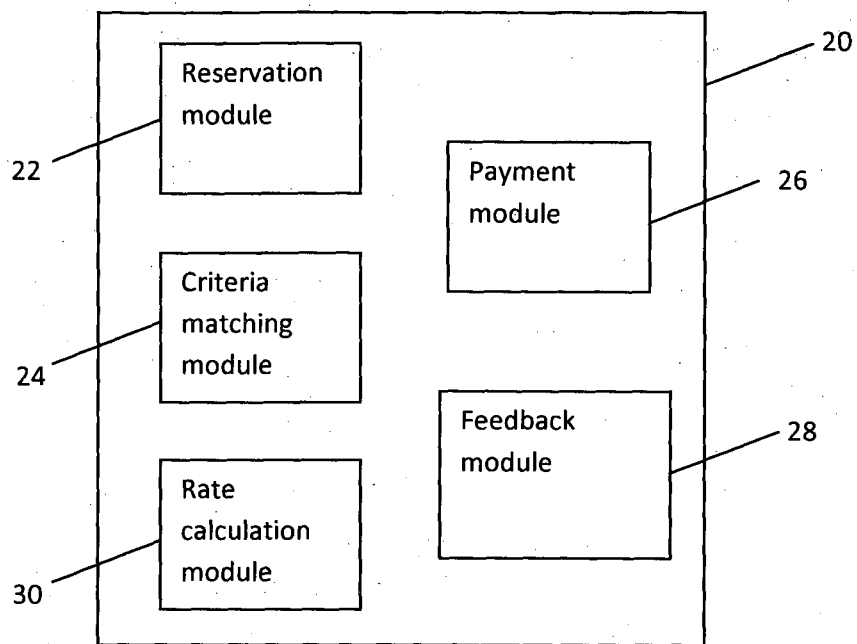


Figure 1

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

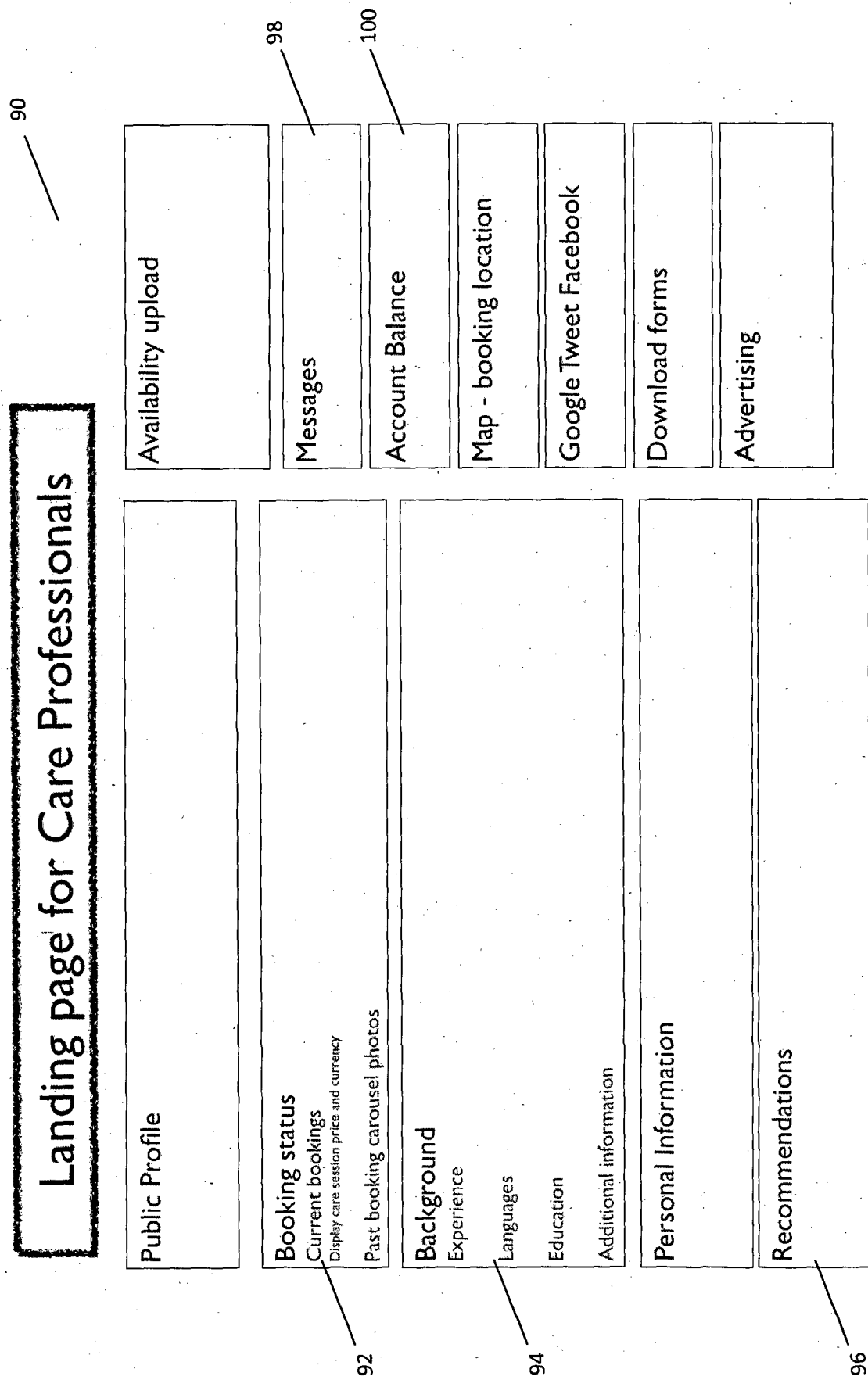


Figure 2

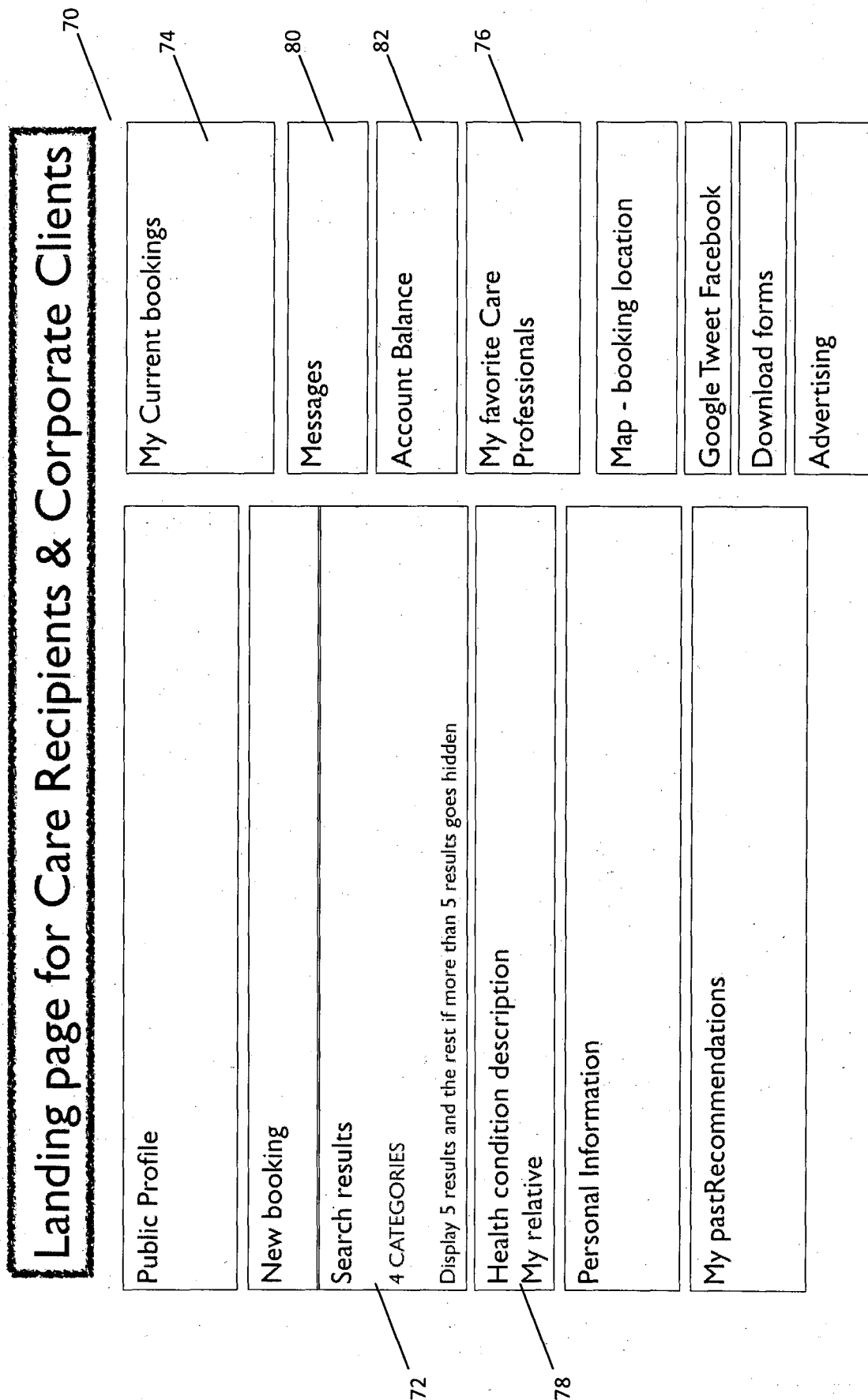


Figure 3

Care Professionals Profile seen by Care Recipients or CC

54

Photo

52

56

ID

55

Trust score = Profile completeness

57

Followers

Category : SENIOR STAFF NURSE

Trust score = Profile completeness

Username or first name

Location : City

Age

Gender

Nationality

Currency

Your Hourly rate

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

Your Rating

Self description : max. 300 characters

Add as favorite

Remove as favorite

SEEN WHEN CLICKING ON THE PICTURE OR SCROLLING DOWN

58

up to 10 listings

EXPERIENCE

Your title

Organisation's name

Location

From date

MM YY

To date

MM YY

Duration

Task, description : max 60 characters

up to 3 listings

EDUCATION

Organisation's name

Degree

Location

From date

YY YY

To date

YY YY

Duration

Field of Study

GENERAL

Interests list : max. 60 characters

DSCLOSE /APPEAR ONLY ONCE A BOOKING IS CONFIRMED

60

up to 10 listings

Title

First name

Middle

Last name

Mobile

+65

93375260

Healthcare Worker's license : number

Valid to date

MM YY

BasicCardiac Life Support License

Send a message

Figure 4

174

Care Recipients Profile seen by Care Professionals

172

Photo

ID

170

Username or first name

Location : City

Favorites Care Professionals

I need : Basic nursing ,XXXXXXXX,XXXXXXXX,XXXXXXXX

176

SEEN WHEN CLICKING ON THE PICTURE OR SCROLLING DOWN

Gender

Age

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

178

SEEN ONLY ONCE OFFICIALLY BOOKED AND BOOKING CONFIRMED

Care Recipient

Care Recipient's Representative

Title

First name

Middle

Last name

Mobile

+65 93375260

Care location

Address line 1

Address line 2

City

Postal code

Country

send a message

Make a report

Figure 5

Surcharge fees and % to be changed in backend system

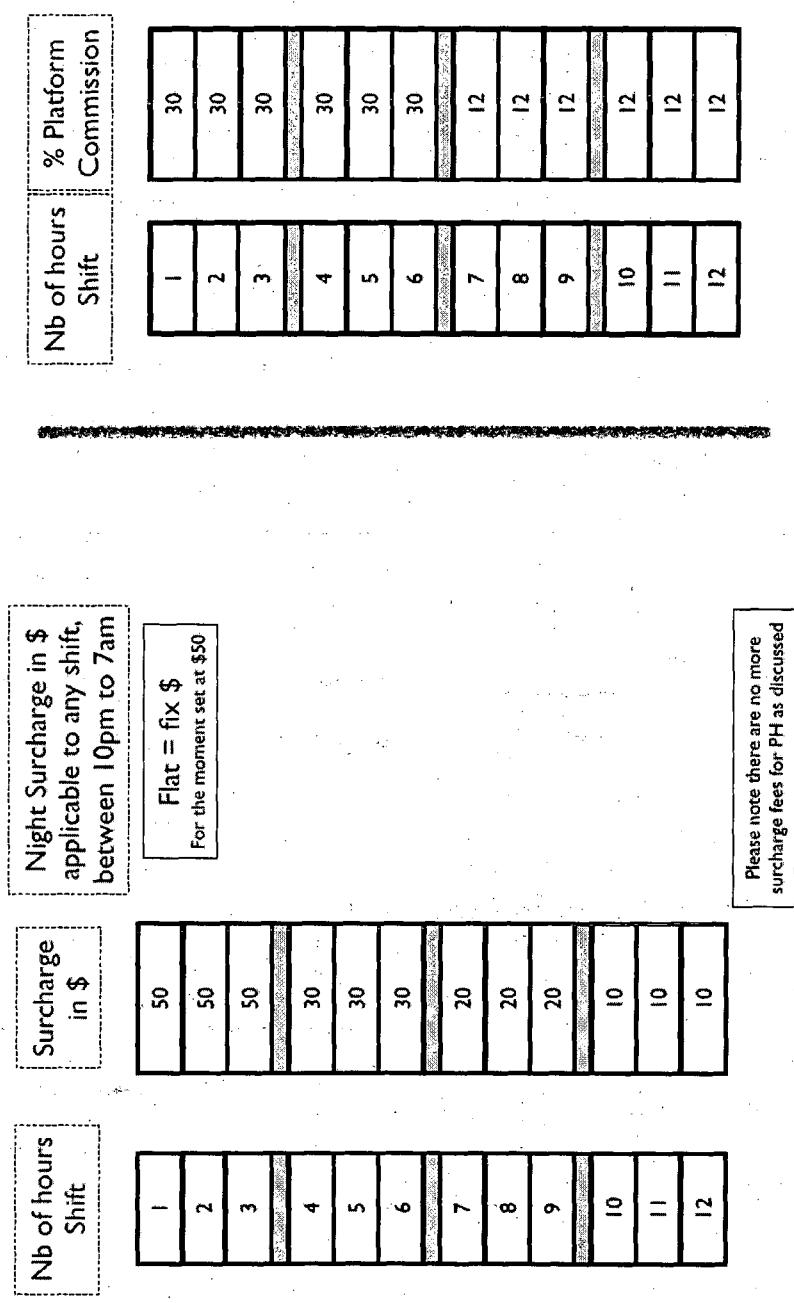


Figure 6