

CARER EDUCATION



NYNGAN

2 hour Carer Course

Are you caring for a person with dementia?

If so, you are invited to attend a **FREE** course for family carers and friends, conducted by Alzheimer's Australia NSW (excludes professional health care workers).



The course is available to family carers and friends directly involved in the care or support of a person with dementia

WORKSHOP DETAILS

Topics What is Dementia

Dates Wednesday 31st August 2016

Time 10am to 12pm

Venue CWA Hall, Pangee St
Nyngan

TO REGISTER CONTACT

Phone: (02)8875 4640 or

Email: nsw.education@alzheimers.org.au

**UNDERSTAND ALZHEIMER'S
EDUCATE AUSTRALIA**
FIGHTDEMENTIA.ORG.AU

CONTACT

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NSW 2113, P O Box 6042 North Ryde 2113

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REGIONAL OFFICES

Bega, Newcastle, Port Macquarie, Coffs Harbour,
Sutherland, Wingecarribee, Blacktown, Illawarra

REGISTRATION FORM FOR NORTH RYDE CARER EDUCATION WORKSHOP

EMAIL TO NSW.EDUCATION@ALZHEIMERS.ORG.AU OR MAIL TO P O BOX 6042 NORTH RYDE 2113 OR FAX 02 8875 4665

2 Hour Carer Course—Nyngan	Friday 23 September 2016	10am to 12pm
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Person 1: Primary Support Person		Person with Dementia		Date: _____	
Title:	First name:		Last name:		
Preferred Name:		Date of Birth:		Gender:	
Address:		Suburb		Post Code	
Phone (H):		Phone (Mob):		Phone (W):	
Email:					
Preferred contact method: <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Letter					
Indigenous status:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> N/A	
Employment status:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Not in paid employment
Hearing/vision difficulties:			Mobility issues:		
Other health concerns:					
Country of birth:			Language spoken at home:		
Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship to person with dementia:		
Accommodation setting:	<input type="checkbox"/> Private residence		<input type="checkbox"/> Other (specify)		
Dependants/Caring for others?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> How many?		Date support role began:		
Other services receiving:					
Living arrangements	<input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with family <input type="checkbox"/> Lives with spouse				
How did you hear about us?					
Who do you care for?					
Any dietary requirements?					

Dementia information:	Please complete this even if the person with dementia is not intending to receive services from us as it will assist with future service planning		
Has a diagnosis of dementia been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date (approx.):
Type of dementia:			
Diagnosed by (name & role):			

Consent: I agree to:

- | | | |
|---|--|-------------------------------|
| Allow AANSW to collect and record my information for service provision: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Receive mail on service related activities: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My information being passed to agreed third party/ies for referral to services or to maintain a coordinated approach to my health care: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Receive information about dementia related news, events, forums etc.: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Receive information about AANSW fundraising events and activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Being contacted to participate in evaluation or research activities by AANSW or related bodies: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Receive information about opportunities to be consulted on products, programs and services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am interested in opportunities to share my story to raise awareness of dementia: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My preferred contact method is: | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
| | <input type="checkbox"/> No mail at all please | |