



## APPLICATION FORM

Name:	
Address:	
Phone:	Mobile:
Email:	
I am currently a family carer Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship – the person with dementia is my: _____	
• The age of the person with dementia is: _____	
• Approximate date my relative was diagnosed: _____	
My relative with dementia lives: <input type="checkbox"/> Alone <input type="checkbox"/> With me	
<input type="checkbox"/> With other relative <input type="checkbox"/> Other care arrangements	
<input type="checkbox"/> In nursing home	
Have you used any services of The Alzheimer Society before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed: ..... Date: .....	
I wish to attend the <i>Insights into Dementia: Informing and Empowering Family Carers</i> course at:	
Venue:	Time:
Start Date:	End date:
I would be willing to attend the online course:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

How did you hear about Insights into Dementia?

From a friend  Newspaper Advert  Website  Other (please state) \_\_\_\_\_

Do you have any special requirements for your attendance at the training course e.g. access, communication, print size etc. Yes  No

*If yes, please give details:*

**Please forward as soon as possible, but at least 10 days before the course begins to:**

The Alzheimer Society of Ireland, Insights into Dementia, The Alzheimer Society of Ireland, National Office, Temple Road, Blackrock, Co. Dublin.

Email: [familycarertraining@alzheimer.ie](mailto:familycarertraining@alzheimer.ie)

From time to time, we may wish to contact you in relation to events, media or research of interest to family carers of people with Dementia. Please tick the box if you agree to being contacted for these reasons. We will never divulge your personal details to any third party.