



**FAMILY CARER TRAINING –
Positive and Practical Training
for Family Carers only**

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 want to attend the Face to Face course only <input type="checkbox"/>	Preferred County:
I want to attend the Online course only <input type="checkbox"/>	
I can attend either the Face to Face or Online course (next available) <input type="checkbox"/>	Preferred County:

How did you hear about Family Carer Training?

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:

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

Email: 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.