**APPLICATION FORM**

**What is a family carer?**

*A family carer is anyone who provides or contributes to the provision of* ***regular, informal care*** *to someone they know, e.g. a spouse, relative, friend, or neighbour, who is living with dementia. As this care is* ***informal and unpaid,*** *many people do not see it as care, but rather as ‘the normal thing to do’. Family carers are differentiated from social care workers or home care assistants who are paid professional care workers.* ***Please note this course is not suitable for social care workers or home care assistants.***

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| **Are you filling out this application form on behalf of someone else?** Text Box **Yes** Text Box **No, I am the named applicant**  *(If you are applying on behalf of another person, please ensure you have consent from the person before applying)*  **If yes, please provide your own name, phone number & email address before filling in the applicant information section** | | |
| **Name:** | **Phone:** | |
| **Email:** | | |
| **Applicant Information** | | |
| **Name of Applicant**: | | |
| **Address & Eircode of applicant**: | | |
| **Is the applicant 18 years of age or older?** Text BoxYes Text Box No | | |
| **Email of applicant**: | | **Phone:** |
| **Are you currently a family carer?**  Text BoxYes Text BoxNo  (*A family carer is anyone who provides or contributes to the provision of regular, informal care to someone they know with dementia, e.g. a spouse, relative, friend, or neighbour.)* | | | |
| **The person with dementia is my:**  Text Box Spouse/Partner Text BoxParent Text BoxClose family friend/neighbour Text BoxAnother relative (aunt, grandparent, etc) Text BoxOther (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **The age of the person with dementia is:** | | | |
| **Approximate date my relative was diagnosed (month/year):** | | | |
| **The person with dementia lives:**  Text Box Alone Text Box With me Text Box With another relative Text BoxOther care arrangement Text Box In a nursing home Text BoxOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Have you used any services of The Alzheimer Society before?** Text BoxYes Text Box No | | | |
| **I want to attend the**  Text Box **i**n-person course only Text Boxonline course only Text BoxI can attend **either** in-person or online (next available)  **If you would like to attend in-person, specify your preferred county: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **How did you hear about Family Carer Training?**  Text BoxFrom a friend Text Box Newspaper Advert Text BoxASI Website Text Box Social Media Text BoxFrom an ASI Staff Member (e.g. day centre, dementia advisor, helpline) Text Box Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Do you have any** **special requirements for your attendance/participation at the training course? e.g. access, communication, print size, etc.** Text BoxYes Text Box No  **If yes, please give details:** | | | |
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| **Emergency Contact Name:**  *(Please do not* *submit your own details or the details of the person with dementia here. This is a trusted person nominated by you who we can contact on your behalf in case of an emergency. This information is confidential, and we will not use the contact information unless in an emergency)* | | | |
| **Emergency Contact Number:** | | | |

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| **We will be in contact with you about this course. We may wish to contact you about other courses or events of interest to family carers of people with Dementia that ASI is running. We will never share your personal details with any third party. Please tick the box if you agree to be contacted for these reasons** | Text Box Yes, I agree to being contacted by email |
| Text Box Yes, I agree to being contacted by post |
| Text Box Yes, I agree to being contacted by phone |
| Text Box I would prefer **not** to be contacted |