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| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM**  *Client’s Details* | | | | | | |
| First Name |  | | | | | |
| Last Name |  | | | | | |
| Address & Eircode |  | | | | | |
| Phone Number | |  | Email address | |  | |
| Date of Birth |  | | | | | |
| ***Living Situation (please tick below)*** | | | | | | |
| Alone 🞎 | With Spouse 🞎 | | | With family member 🞎 | | Other 🞎 |
| *Contact Person (as above, family member, friend or other)* | | | | | | |
| Name |  | | | | | |
| Relationship |  | | | | | |
| Address |  | | | | | |
| Phone Number | |  | Email address | |  | |
| |  | | --- | | ***Services of interest (Please tick)*** |   **AlzPals:** befriending service provided for 2 hours once a week to the person with dementia 🞎    **Bray Memory Group:**  Cognitive Stimulation Therapy based group for people with dementia (early stage) 🞎    **Carnew Memory Group:**  Cognitive Stimulation Therapy based group for people with dementia (early stage) 🞎  **Wicklow Memory Group:** Cognitive Stimulation Therapy based group for people with dementia (early stage) 🞎    **Musical Memories**: Friday morning music session Greystones for person with dementia + family/friend 🞎  **Family Carer Support Group** once monthly facilitated peer support group 🞎 | | | | | | |
|  | | | | | | |

***Additional Information that may be relevant (e.g. hobbies/interests, previous occupation, assistance)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Consented to Referral by (if relevant)***  Name |
| ***Please tick*** Person with dementia 🞎 Family Member 🞎 Public Health Nurse 🞎 Hospital Professional 🞎GP 🞎 Friend 🞎 Other 🞎  ***Form Completed by:***  Date: |