Family Carer Education

Alzheimer’s Australia NSW provides free-of-charge education and awareness to assist families and friends caring for a person with dementia.
Excludes professional health care workers

All programs incorporate an understanding of dementia, strategies for maintaining effective communication and ways to promote independence, self esteem and enjoyment for you and the person with dementia.

Programs and sessions are facilitated in an interactive group format to provide participants an opportunity to meet other carers, families and friends who share a similar experience.

TO REGISTER CONTACT
Phone: (02)8875 4640 or
Email: nsw.education@alzheimers.org.au;

Please call the Commonwealth Respite and Carelink Centre on 1800 059 059 if respite care is needed.

GOLD COIN DONATIONS APPRECIATED
All sessions include refreshments.

This program is supported by financial assistance from the Australian Government and the NSW Government

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CONTACT
Building 21, 120 Coxs Road, North Ryde, NSW 2113,
P O Box 6042 North Ryde 2113
T (02) 9805 0100
F (02) 8875 4665
E nsw.education@alzheimers.org.au
Regional Offices: Bega, Newcastle, Port Macquarie, Coffs Harbour, Sutherland, Wingecarribee, Illawarra and Blacktown

Understanding Alzheimer’s
Educate Australia
FIGHTDEMENTIA.ORG.AU

PROGRAM DETAILS

3 DAY CARER PROGRAM

Dates: Tuesdays 5, 12 and 19 September 2017
Time: 10am—2.30pm

Topics:
- Day 1: The Nature of Dementia, Effective Communications and Activities
- Day 2: Understanding & Responding to Behaviours
- Day 3: The Impact of Dementia, Community Services and Planning Ahead

4 EVENING CARER PROGRAM

Dates: Mondays 6, 13, 20 and 27 November 2017
Time: 6pm to 8.30pm

Topics:
- Evening 1: The Nature of Dementia
- Evening 2: Effective Communication and Activities
- Evening 3: Understanding and Responding to Behaviours
- Evening 4: Emotional Impact and Stress Management

FAMILY & FRIENDS

Dates: Wednesday 23 August 2017 OR Tuesday 24 October 2017
Time: 6pm - 8.30pm

Dementia awareness presentation to assist friends and extended family not in a direct caring role. This session provides information to strengthen the relationship with the person with dementia and helpful strategies for quality engagement. This program will also provide links to support services in your local area.

Venue: Alzheimer’s Australia NSW Dementia Memory & Community Centre
120 Cox’s Road North Ryde

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**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

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Dates</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>3 Day carer course</td>
<td>5, 12 &amp; 19 September 2017</td>
<td>10am to 2.30pm</td>
</tr>
<tr>
<td>4 Evening carer course</td>
<td>6, 13, 20 &amp; 27 November 2017</td>
<td>6pm to 8.30pm</td>
</tr>
<tr>
<td>Family and Friends info</td>
<td>Wednesday 23 August 2017</td>
<td>6pm to 8.30pm</td>
</tr>
<tr>
<td>Family and Friends info</td>
<td>Tuesday 24 October 2017</td>
<td>6pm to 8.30pm</td>
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</table>

**About You:** Primary Support Person  *(Please complete one form per person attending)*

<table>
<thead>
<tr>
<th>Title:</th>
<th>First name:</th>
<th>Last name:</th>
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<thead>
<tr>
<th>Preferred Name:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
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<tr>
<th>Address:</th>
<th>Suburb</th>
<th>Post Code</th>
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<tr>
<th>Phone (H):</th>
<th>Phone (Mob):</th>
<th>Phone (W):</th>
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<table>
<thead>
<tr>
<th>Email:</th>
<th>Preferred contact method:</th>
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<tbody>
<tr>
<td></td>
<td>□ Home phone □ Work phone □ Mobile □ Email □ Letter</td>
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<thead>
<tr>
<th>Indigenous status:</th>
<th>Aboriginal</th>
<th>Torres Strait Islander</th>
<th>Both</th>
<th>N/A</th>
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<tr>
<th>Employment status:</th>
<th>Full time</th>
<th>Part time</th>
<th>Casual</th>
<th>Seasonal</th>
<th>Not in paid employment</th>
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Do you have hearing/vision difficulties:  
Do you have mobility issues:  
Do you have other health concerns:  
Your country of birth:  
Language you speak at home:  
Interpreter needed  

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Relationship to person with dementia:</th>
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<tr>
<th>Your accommodation:</th>
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<tbody>
<tr>
<td>Private residence</td>
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<tr>
<th>Other services you receive:</th>
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<table>
<thead>
<tr>
<th>Live alone</th>
<th>Live with your family</th>
<th>Lives with your spouse</th>
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<tr>
<th>Who do you care for?</th>
<th>Any dietary requirements?</th>
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**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

<table>
<thead>
<tr>
<th>Has a diagnosis of dementia been made?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Type of dementia:</th>
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<table>
<thead>
<tr>
<th>Diagnosed by (name &amp; role):</th>
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**Consent:** I agree to:

- Allow AANSW to collect and record my information for service provision:  
  □ Yes □ No

- Receive mail on service related activities:  
  □ Yes □ No

- My information being passed to agreed third party/ies for referral to services or to maintain a coordinated approach to my health care:  
  □ Yes □ No

- Receive information about dementia related news, events, forums etc.:  
  □ Yes □ No

- Receive information about AANSW fundraising events and activities:  
  □ Yes □ No

- Being contacted to participate in evaluation or research activities by AANSW or related bodies:  
  □ Yes □ No

- Receive information about opportunities to be consulted on products, programs and services:  
  □ Yes □ No

- I am interested in opportunities to share my story to raise awareness of dementia:  
  □ Yes □ No

- My preferred contact method is:  
  □ Email □ Mail □ No mail at all please

Sign and Date: ____________________________________________________________