

Brain Injury Assist Ltd.

Workshop on Memory

Name: First. Last	Home Mailing Address: Email address: City: Postal Code: Phone:
Date of birth: _____	

How did you hear about this workshop? _____

Are there any medical concerns (e.g. seizure disorder, allergies, etc.) that we need to be aware of in case of emergency?

Yes (please list below) No Not relevant

.....
.....

Do you take any medications to address these concerns? If yes, please list:

.....
.....

Do you have any food allergies? Yes (please list below)

.....

It is the individual's responsibility to get to and from the group. If assistance is needed, a support staff from your agency MUST be available. Please indicate your means of transportation to and from the group:

___ ACCESS Calgary ___ Calgary Transit ___ Personal vehicle ___ Other

**Please note that the doors close 15 minutes after group ends and that facilitators are not able to supervise individuals waiting for transportation past that time.

What are you hoping to learn from the workshop and why?

.....
.....
.....

Emergency Contact Information:

Person's Name :
Relationship:
Telephone Number (s):

In the event that a sudden medical emergency occurs, efforts will be made to obtain treatment consent from the individual their emergency contact or guardian.. In the event that contact cannot be reached, I hereby authorize Brain Injury Assist Ltd. to seek emergency services. It is the responsibility of the attending physician(s) to obtain consent, or for the physician to decide to treat without guardian consent.

Note: Guardian approval (if applicable) is required for this course!

☼ Individual's Signature

☼ Date

☼ Guardian Signature (if applicable)

Application for the Memory Workshop may not guarantee you a spot in the group. The final selection of participants will be made once each applicant has had an interview. Once the participants for the group have been selected, all applicants will be notified by telephone.

Completed applications can be returned to:

Mail: Attention: Bob Yoisten, Brain Injury Assist 1914, 9th Ave, SE. Calgary, AB. T2G 0V2
Email: brooksm@supportedlifestyles.com
Fax. 403-261-8953
Phone: 403 -608 -6800