



BRAIN AWARE Training Programme Application Form

Contact Details

Name(s) of family member(s) that wish to attend: _____

Address: _____

Tel No: _____

Mobile No: _____

Email address: _____

Where did you hear about the Training Programme? _____

Do you have any special dietary requirements? _____

Do you need any support to be able to attend the training programme? _____

Do you have any special requirements for training material eg. large print, audio etc?

Are you happy for Acquired Brain Injury Ireland to contact you in the future about

information or events that may be of interest to you? _____

Research Project

As part of the Family Carer Training Programmes, we are conducting a research project to determine the effectiveness of the training programme on those participating. All participants who take part in the programme will be asked to complete questionnaires at 3 time points: (i) initial questionnaire (ii) 6 weeks later and (iii) 3 months later. These questionnaires will be confidential and numbers will be used in the place of names to ensure complete confidentiality. Participation in this research project is completely voluntary. We will contact you shortly about participating in the project.

*Please return completed form to:
Una Kinane, Project Co-ordinator, ABI Ireland,
43 Northumberland Road, Dun Laoghaire, Co. Dublin*