

The Meeting Place Project - Application Form

Personal details

Surname			
First name/s			
Address			
Postcode			
Home phone		Mobile	
Email			

Which session would you like to join?

(Please tick relevant box/boxes)

- 10:00-12:30 Monday, Salvation Army
- 10:00-12:30 Friday, Samares Church
- Both sessions

Would you like to join sessions alone or with assistance?

(Please tick relevant box)

- Alone With assistance

Details of person who will assist you with application and/or at sessions.

Name			
Relationship to you			
Telephone		Mobile	
Email			

Dementia diagnosis

Please give details of your dementia diagnosis.

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Any other information

Let us know about disabilities, allergies, health conditions or extra support you might need.

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Why do you wish to take part in The Meeting Place Project?

What would you like to achieve? How do you need support? What do you wish to learn?

Declaration – Please Read

I confirm that the details given in this form are correct. I understand that this form is only an application and does not guarantee a place on The Meeting Place Project. After this form, I will complete a telephone or face to face discussion with the Meeting Place Project Coordinator to determine my suitability for the sessions. Regular reviews will take place to determine my ongoing suitability and participation, and there may come a time when my membership is no longer eligible.

Dementia Jersey takes the safety of your personal information very seriously. As per our published privacy notice we will only use your information for the purpose intended and only keep it for as long as needed. For further information please go to dementia.je

Signed:

Dated:

Please complete the form and return by email to info@dementia.je or post to Dementia Jersey, de Carteret House, Hilgrove Street, St. Helier, JE2 4SL.