

10 WEEK PROGRAMME FOR INFORMING CARE GIVERS OF PERSONS WITH DEMENTIA APPLICATION FORM

Application No

PERSONAL DETAILS (USE BLOCK LETTERS)

SURNAME : _____

NAME : _____

ID No : _____

NATIONALITY : _____

GENDER : Female

Male

HOME TEL No : _____

MOBILE No: _____

HOME ADDRESS :

HSE NAME/No _____

STREET _____

TOWN _____

POSTCODE _____

EMAIL ADDRESS: _____

INDICATE HOW YOU PREFER TO DO THE COURSE

I will be attending at SVP

I will be participating On-line

DISCLAIMER and SIGNATURE

Pursuant to the General Data Protection Regulation (EU) 2016/679 (GDPR) - ~~MT~~ - ~~EN~~ and the Data Protection Act (Cap. 586.) - ~~MT~~ - ~~EN~~, we have a legal duty to respect and protect any personal information we collect from you and we will abide by such duty. We take all safeguards necessary to prevent unauthorised access and we do not pass on your details collected from you as a visitor and/or user, to any third party unless you give us your consent to do so or as authorised by law.

APPLICANT'S SIGNATURE

DATE