Headway Application Form for Family Support Services

Headway provides services to adults (18 years +), who are family members or carers, of people with an acquired brain injury. The purpose of our specialist service is to support people in adjusting to their family member's brain injury.

1. Please complete all sections as fully as possible.
2. Please write all the information clearly.
3. Important: if the person with a brain injury is not a Headway client, or not in the process of applying for Headway services please enclose a letter from a GP, or medical consultant, which confirms that they have an acquired brain injury.
4. If you have any questions about your application or how to complete this form, please contact Headway's Information & Support Helpline on 1800-400-478 (Monday to Friday 9am to 1pm and 2 to 5pm).

Your Personal Information

Your name:

Male ☐ Female ☐ Date of Birth: / /

Address:

Mobile Phone: Home Phone:

Emergency Contact name: Emergency Contact no:

Do we have your permission to contact you via Text Message for the purpose of providing Headway Services? Yes ☐ No ☐

Your email address

Do we have your permission to contact you using your email address for the purpose of providing Headway Services? Yes ☐ No ☐

Name of GP GP Telephone:

Address of GP

Details of the person who has the brain injury

Name of person with the brain injury:

Your relationship to the person:

Spouse ☐ Partner ☐ Parent ☐ Sibling ☐ Friend ☐ Carer ☐

How did the injury happen? _____

When did their injury happen? (Date: __ __/__ __/__ __ __ __)

Is your relative attending Headway Services, or did they before? Please circle as appropriate:

Never attended Current client Ex –client Is currently applying

At which Headway Service Location?

Dates

Your reasons for applying to Headway

What are your reasons for applying for services with Headway now?

Are you attending any counselling or mental health services at the moment or have you in the past?

Please use the space below to write any other information you would like to add. Please include information about any allergies you may have or any medical condition we should be aware of.

Permission to Contact – Fundraising

From time to time Headway may wish to contact you to inform you or your nominated family member of events and fundraising opportunities. Headway will not share this information with any other body or institution. Are you willing to be contacted in this way?

Yes, by:

Post ☐

Email ☐

Phone Call ☐

Text Message ☐

No, I don't want to be contacted ☐

Signature

Your signature: _____ Date: _____

Please return this completed form and, if required, the letter from the GP, or medical consultant, confirming the person's brain injury diagnosis to Headway using one of the addresses below:

Dublin:	The Referrals Administrator, Headway, Blackhall Green, Off Blackhall Place, Dublin 7.
Cork/Kerry:	The Referrals Administrator, Headway, Hanover House, Carrigrohane Road, Cork, T12 VPP0
Carlow	Headway, Canta Clinic, Barrow Valley Retail Park, Graiguecullen, Carlow, R93 T2W2
Limerick	The Referrals Administrator, Headway, 9-11 Upper William Street, Limerick, V94 K702

Privacy Notice - Please read this important information

Protecting your personal information – the limits of confidentiality

Your personal information will always be treated with respect. Your data is kept confidential and secure and only used for the purpose of providing you with a service. We will not generally share your information with other people without your permission.

There are some rare occasions on which it may be necessary to share information about you without your permission. These occasions include:

- If it is necessary to prevent harm to you
- If it is necessary to prevent imminent harm to someone else
- If you tell us about a situation in which a person under the age of 18 or a vulnerable adult is, or may be in danger of, harm
- If we are required to do so by law, for example if ordered by Court, or required by Gardaí
- If necessary in the interest of public safety

Your rights

Under the the law, you have the right to:

- Access the information we hold about you.
- If you find that any of the information is incorrect, you also have the right to have it changed.
- You also have the right to have your information supplied in an electronically portable format.
- You can also request that your records be erased from our system.

To avail of your rights, you can download a personal data access request form from our website at headway.ie/privacy-policy/

Comments and complaints

You can make a complaint or comment about any aspect of Headway or its service – forms and policy are available from any member of staff or from our website at headway.ie/about-us/our-codes-policies/

More information

The full version of the Headway policy on Data Protection is available on request from any member of staff or from the Headway website at headway.ie/privacy-policy/