

# Headway Application Form for Relatives and Carers

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 much 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 1890-200-278 (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:

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 of person seeking services \_\_\_\_\_

**Permission to Contact – Research**

We occasionally seek permission from people to participate in research to help improve our services. Are you willing to be contacted in this way? Yes  No

Signature of person seeking services \_\_\_\_\_

Date:

/ /

**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:

Dublin: The Referrals Administrator, Headway, Blackhall Green, Off Blackhall Place, Dublin 7.

Cork: The Referrals Administrator, Headway, Unit B3, Link Road Business Park, Ballincollig, Co. Cork.

## Privacy Notice - Please read this important information

### Protecting your personal information – the limits of confidentiality

Your private personal information will always be treated with respect. Your information 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

The full version of the Headway policy on Data Protection lists all the possible reasons we might give your information to another person without your permission. This is available on request from any member of staff or from the Headway website at [www.headway.ie/privacy](http://www.headway.ie/privacy)

### 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.
- Under the most recent regulations, you also have the right to have your information supplied in an electronically portable format.
- Also under recent regulations, 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 [www.headway.ie/privacy](http://www.headway.ie/privacy)