

Galway Acquired Brain Injury (GABI)

Application Form



Gabi services are open to individuals with an ABI aged 18 – 65 years of age.

What services do you wish to apply for?

Service Model

Please tick

ABI Rehabilitation

This is a Community based service delivered jointly by RehabCare and Quest. This service provides individuals with flexible, specialist support and rehabilitation, tailored to each person's own needs and goals e.g. Brain Injury management and awareness, Personal & behavioural development, Life Skills management.

Logan House

This is a specialist ABI supported residential service managed by RehabCare. Individuals applying for this service require specific residential supports in the management of their ABI.

DATA PROTECTION STATEMENT

Name: _____

In compliance with the Data Protection Act, The Rehab Group will keep personal information supplied to it only for lawful and specified purposes.

the Rehab Group will use your personal data for the purposes of processing your application, performing its obligations to you and to the funding authority in relation to providing training and related services and for general administration. Data will not be used or disclosed for any reason not compatible with these purposes.

Personal data relating to you will be processed in compliance with the DPA and will be stored in a secure, confidential and appropriate manner. The data will be stored only while it is relevant and will not be disclosed to a third party except with your consent or as required by law.

The Centre Manager/Co-Ordinator must make sure that each student/learner receives a copy of this document. When the signed document is returned, it must be securely stored in a locked cabinet and produced immediately if required.

Personal Data

The Rehab Group is a Data Controller under the Data Protection Act 2018. The personal data that you supply to us is part of the registration process and is backed up by the Personal Data Processing Agreement.

We rely on you to provide us with accurate information and to inform us of any change in the information provided. Should you wish to update or access your personal data, you should write to the Data Protection Office and request a Data Subject Access Request Form.

I understand my rights under Data Protection Legislation, as outlined on this form

Applicant's Signature: _____

Date: _____

Personal Details

Name: _____

PPSN: _____

Address: _____

Date of Birth: _____

Phone/Mobile: _____

email: _____

Emergency Contact(s)

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Marital Status

Single

Married

Separated

Divorced

Widowed

If you have children or other dependents, please give details:

Current Situation

Please tell us about yourself, living alone with family etc.

Health

- Date of Brain Injury: _____
- Was there a loss of consciousness? Yes No
- What was the nature of the brain injury?

I consent to my Family Member/Significant Other being involved in my Rehabilitative Programme

Name: _____ Yes No

Please give brief details of any other disability or health difficulty you may have:

Please describe how this affects you:

Please list any supports you think you may need (wheelchair access, interpreter, adaptive equipment, assistance with evacuation etc.)

Please list any medication you are taking and give details of any side effects:

Medication	Side Effects

Do you self-administer medication? Yes No

Do you require support to administer medication? Yes No

Do you have any allergies? Yes No

If Yes – give details

Please complete the following, in case of accident or illness

Name of GP: _____

Address: _____

Phone No: _____

Please list any other professionals you are involved with:

(Consultant, Occupational Therapist, Social Worker, Community Health Nurse, Key Worker, etc)

Name: _____
Job Title: _____
Address: _____

Phone No: _____

Name: _____
Job Title: _____
Address: _____

Phone No: _____

Referral Agent: (e.g. family member, GP, Psychologist)

Name: _____
Address: _____

Phone/Mobile: _____

Job Title: _____
Relationship _____
to Applicant: _____
email: _____

Social Welfare Benefits

Are you receiving any of the following benefits?

Benefit

- Disability Allowance (DA)
- Blind Persons Allowance (BPA)
- Invalidity Pension (IP)
- Jobseeker's Allowance (JA)
- Jobseeker's Benefit (JB)
- One Parent Family Benefit
- Other: Please give details
- None

Are you registered with SOLAS? Yes No
Do you have a Travel Pass? Yes No

Additional Information

Specialist Reports

What reports are available? Please provide copies if possible

- | | | | | | |
|-----------------|--------------------------|---------------------------|--------------------------|----------------------------------|--------------------------|
| General Medical | <input type="checkbox"/> | Community Care Assessment | <input type="checkbox"/> | Physiotherapy | <input type="checkbox"/> |
| Neurosurgical | <input type="checkbox"/> | Neuropsychological | <input type="checkbox"/> | Speech Therapy | <input type="checkbox"/> |
| Neurology | <input type="checkbox"/> | Employment Service | <input type="checkbox"/> | National Rehabilitation Hospital | <input type="checkbox"/> |
| Psychiatric | <input type="checkbox"/> | Occupational Therapy | <input type="checkbox"/> | Other Residential Service | <input type="checkbox"/> |

In order to assist us in providing a Service that is able to match your needs, it may be necessary for us to contact various people external to this organisation to request information relevant to your current situation. We will only do this if it is deemed necessary, appropriate and applicable, in accordance with the Data Protection Act 2018.

I give my consent to Quest ABI Service to communicate with external bodies in support of my application.

Yes No

Applicant's Signature: _____

Date: _____

Please return this completed form to:

***The Disability Services Department
c/o Galway Services ABI Clearing House
Merlin Park Hospital
Galway***

Office Use	
MDT Assessment	
Quest	
RehabCare	
Joint	
Outreach Support Hours	
Residential	

GALWAY ABI SERVICES STEP BY STEP APPLICATION PROCESS

