Quest Brain Injury Services
Part of National Learning Network

APPLICATION FORM

for

Mayo and Roscommon

Programme Name: Quest Brain Injury Service 2019

EUROPEAN QUALITY IN REHABILITATION

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quest Brain Injury Services
Part of National Learning Network

DATA PROTECTION STATEMENT – Individuals OVER 18 years of age

Name: _____

In compliance with the Data Protection Act 2018, The National Learning Network will keep personal information supplied to it only for lawful and specified purposes.

The National Learning Network 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 Acts 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 National Learning Network 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	❑	Community Care Assessment	❑	Physiotherapy	❑
Neurosurgical	❑	Neuropsychological	❑	Speech Therapy	❑
Neurology	❑	Employment Service	❑	National Rehabilitation Hospital	❑
Psychiatric	❑	Occupational Therapy	❑	Other Residential Service	❑

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 Manager
QUEST Brain Injury Services
9A Liosban Business Park
Tuam Road
Galway

Mayo/Roscommon Outreach ABI SERVICES

STEP BY STEP APPLICATION PROCESS

Week 1

Application

Application form received *by Quest Brain Injury Services* with clients consent to share information.

Reports will be requested from GP and other relevant health professionals.

Week 2

Service orientation

Applicant is contacted by a member of ***Quest*** prior to screening. Information regarding the application process, Brain Injury and other related supports will be provided.

Week 6

Meeting

Meeting with applicant by *Quest Brain Injury* ***Outreach*** *Services* to determine if applicant is suitable for the services

Week 8

Start date

Applicant is informed of service detail and start date.

Onward referral

The intervention provided by Quest is time limited. Following completion of the Rehabilitative Programme onward referral and transition will occur as deemed appropriate.