

Dementia Change Champions Program

Application Form

Personal Details:

First Name:

Last Name:

Personal Phone Number:

Personal Email:

Employment Details:

Organisation:

Job Title:

Workplace Location and Address:

Health Department Region:

Work Phone Number/s:

Work Email:

Work Hours (full time/part time/casual):

Supervisor/Manager Name:

Supervisor/Manager Job Title:

Supervisor/Manager Work Phone Number/s:

Supervisor/Manager Work Email:

Qualification Details:

Please list all qualifications:

Supported by

To be completed by Supervisor/Manager

Name of Supervisor/Manager:

Applicant Name:

Please explain why you have nominated this staff member for the Dementia Change Champions Program. If possible, provide examples of leadership and initiative they have demonstrated.

Please describe how your organisation will utilise the knowledge and skills of this staff member to build capacity and improve practice within your current services for people living with dementia.

Commitment pledge

Applicants understand that approximately 6-8 hours of personal study time each week may be required to complete the study program and commit/consent to:

- Undertake training made available as part of the Dementia Change Champions Program and understand that all sessions are mandatory.
- Attend Dementia Champions network meetings and workplace visits.
- Participate in workplace support sessions bi-annually or as required.
- Provide practice improvement images and media consent to Alzheimer's WA and the funding body as requested.
- Program progress, including training attendance being shared with workplace supervisor.

Name of Applicant: _____

Signed: _____

Date: _____

Organisation commits/consents to:

(To be signed by Supervisor/Manager)

- Enable applicant attendance at all program training days, networking meetings and workplace visits.
- Enable training assessment competency of the applicant, in the workplace (2hr max.) and through work placement if required.
- Utilise the knowledge and skills of the applicant to further develop a person-centred approach within services.
- Approve provision of practice improvement images and media consent to Alzheimer's WA and the funding body as requested.
- Notify of any changes to or concerns about the Dementia Change Champions Program appointment.
- Provide feedback when requested.

Name of Supervisor/Manager: _____

Signed: _____

Date: _____

The Dementia Change Champions Program is highly sought after and therefore attracts a high number of applications.

Please return completed application to:

joanne.edgell@alzheimerswa.org.au

OR

Joanne Edgell
Dementia Change Champion Team Lead
Alzheimer's WA
PO Box 1509
Subiaco WA 6904