



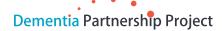
Dementia Change Champion Program

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:

Funded by





To be completed by Applicant

Applicant Name:

1.	Please outline your experience working in the health and aged care industry:
2.	Please describe your current work role and involvement with people living with Dementia:
3.	Please explain why you have applied and what excites you about the Dementia Change Champion Program?
4.	Please describe how you see yourself supporting your organisation to improve Dementia Practices?

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 Champion 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 a minimum of 8 hours personal study time each week will be required to complete the study program and commit/consent to:

Undertake training made available as part of the Dementia Change Champion 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.

Signed:	Date:
Organisation commits/consent (To be signed by Supervisor/Ma	
Enable applicant attendand workplace visits.	ce at all program training days, networking meetings and
Enable training assessmen through work placement if	t competency of the applicant, in the workplace (2hr max.) and required.
Utilise the knowledge and approach within services.	skills of the applicant to further develop a person-centred
Approve provision of pract and the funding body as re	ice improvement images and media consent to Alzheimer's WA quested.
Notify of any changes to or appointment.	r concerns about the Dementia Change Champion Program
Provide feedback when rec	quested.
Name of Supervisor/Manager:	
Signed:	Date:

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

Please return completed application to:

dcc@alzheimerswa.org.au

OR

Dementia Change Champion Program Lead Alzheimer's WA PO Box 1509 Subiaco WA 6904