

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

 **Dementia Partnership Project**

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.

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 Champion Program appointment.

Provide feedback when requested.

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