

Learner Information Form

Please complete this form and submit to your facilitator to be **forwarded to the course administration.**

In order to keep statistical and identification information on persons who have completed the Dementia: Understanding the Journey would like to have the following information. This information will be kept in a database for the use of the Board and Administration. The purpose of this information is to maintain a registry of Dementia: Understanding the Journey graduates. This information will be used for statistical analysis such as designations taking the course, project usage, and regional delivery of the course, etc. Your date of birth is for your unique identification. This is not mandatory, but without this information the Board cannot guarantee its ability to identify the graduate's record in the future. Your date of birth will not be released under any circumstances.

Please Print Clearly

Full Name _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Organization Delivering Course: _____

Role: (please check)

- Administrative
- Health Care Provider
- Student
- Other

Role Type (please check)

- | | |
|---|--|
| <input type="checkbox"/> CCA | <input type="checkbox"/> OT/PT |
| <input type="checkbox"/> LPN | <input type="checkbox"/> RN |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Pastoral |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Family |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Other |

Project: Portfolio Debate Poster Creative Expression Brochure Arts
Informed Workshop Lecture Other: _____

I have read the above statements and understand what my personal information will be used for.

Learner Signature: _____ **Date:** _____