

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:

Organization Delivering Course:

Current Role (please select one of the following options):

Role Type (please select one of the following options):

Project Type:

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

Learner Signature (name):

Date: