

**Dementia Care Matters**  
**Diploma Level Course – “An Emotional Journey” 2010-2011**

**In association with Jackie O’Toole from Dementia Training Ireland.**

**Cost 1500 Euros includes:**

- Attendance on 13 workshop days
- Extensive training manual
- Assignment marking
- University recognition

*Discounts available for group bookings; to discuss contact  
Helen on 07889 000801*

**Course Dates Dublin:**

<b>Unit 1:</b> 8 & 9 November 2010	<b>Unit 5:</b> 15 March 2011	<b>Unit 9:</b> 19 July 2011
<b>Unit 2:</b> 6 December 2010	<b>Unit 6:</b> 12 April 2011	<b>Unit 10:</b> 6 September 2011
<b>Unit 3:</b> 18 January 2011	<b>Unit 7:</b> 17 May 2011	<b>Unit 11:</b> 11 October 2011
<b>Unit 4:</b> 8 February 2011	<b>Unit 8:</b> 14 June 2011	<b>Unit 12:</b> 15 November 2011

**Booking Form - Please complete in block capitals**

Please state the course location required \_\_\_\_\_

Participant details:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

This is my Work / Home address (delete as applicable)

Telephone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please give details of any special requirements such as mobility and diet:

To reserve a place return a signed Booking Form and a signed Payment Form to:  
Dementia Care Matters, 29 Bloomsbury Place, Brighton, East Sussex, BN2 1DB.

Tel / Fax 0044 1273 242335  
Complete payment form overleaf.

*Thank you. We look forward to meeting you.*

**Payment Form – Please complete all sections in Block Capitals**

3.1 Number of places	3.2 Cheques
<input type="checkbox"/> I would like to book _____ place(s).  Total amount 1500 Euros	<input type="checkbox"/> I enclose a cheque for  £_____._____ made payable to:  <b>Dementia Care Matters Ltd.</b>
3.3 Invoicing / Payment address	

Please invoice at the address below:

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Invoicing Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Authorised signature must be obtained to reserve a place on a course.**

I confirm the above booking and authorise payment:

**Authorised Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. Confirmation Signature Required**

**Cancellation and changes:**

A refund of fees (less 25% administration fee) will only be made for cancellations made in writing and received by Dementia Care Matters 28 days before the event. No refunds will be made for cancellations received within 28 days of the event and failure to attend after confirming a booking will be subject to the same terms.

In the event of any course cancellation by the organisers this will be rescheduled and Dementia Care Matters will have no liability for the participants travel or accommodation costs. Dementia Care Matters reserves the right to substitute trainers if the need arises. Dementia Care Matters reserves the right to change the cost in response to exchange rates.

I have read and agree to the above cancellation terms.

**Signature:**

(signed by authorised personnel as above.)

**Date:**

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On receipt of satisfactory booking and payment details, Dementia Care Matters will forward confirmation and venue directions one month prior to commencement.