

VIRTUAL ADVENTURES FOR DEMENTIA

Yes, I would like to be considered for your project at BASIC, 554 Eccles New Road, Salford M5 5AP.

My name is

My address is

Tel Number

Email

I have a diagnosis of Dementia (please tick) **Mild** **Moderate**

Date diagnosed

My partner / main carer's name is

Address (if different from above)

My next of kin is

Address

Tel

My Doctor's name is

Address

Please send to:

Brain And Spinal Injury Centre, 554 Eccles New Road, Salford M5 5AP or email to air@basiccharity.org.uk

Thank you for your interest and we will be in touch with you soon to make an appointment.