

# **Dementia Link Worker (DLW) Application Form**



Thank you for your interest in the '**Gloucestershire Dementia Link Worker**' (DLW) course.  
Please read the information sheet that accompanies this application form.

**Criteria:**

1. You will be expected to participate in all workshops which cover a range of topics relevant to dementia, a support session, and a feedback/evaluation session; this means attending a full day, once a week, for 11 weeks at **The Pavilion, Hatherley Lane, Cheltenham, Gloucestershire, GL51 6PN**  
<http://www.thepavilion-cheltenham.org.uk/find-us.html>  
**Please Note; You must be supported by your line manager to apply for the course.**
2. *In your organisation, it is expected that you will have a member of your team who has already undertaken or about to undertake the Gloucestershire Dementia Lead Award in order to support you in your role as a Dementia Link Worker: If you do not have a Dementia lead who has completed the Gloucestershire Dementia Lead Award, then please contact Kay Patel [Kay.Patel@ghc.nhs.uk](mailto:Kay.Patel@ghc.nhs.uk) in order to set up to discuss with a member of the Dementia Education Team to check your suitability for the course.*
3. You must have an e-mail address which we can contact you with.

Check the three points above. To apply, please complete the details below which includes a requirement for your signature and your managers signature.

## **Applicant's details**

**Full Name** (Please print):

**Preferred name:**

**Job Title:**

**Does your organisation have a person who has undertaken the Gloucestershire Dementia Lead Award? (See point 2 above) (yes/no):**

Please provide their name:

Does the Dementia Lead in your organisation know that you are applying to be a DLW?: (yes/no)

**Home Address:**

**Work Address:**

**Telephone No.**

**Telephone No.**

**Preferred E-mail address for communication;** please print clearly:

**Preferred phone number:**

**What dementia education / training have you already completed?** (this includes any E.learning resources / workbooks / One Day Dementia / self-taught learning)

Do you have any special requirements when attending training? (this information will be treated in confidence)

**Your Signature**

**Date**

**Please complete all fields below**

**Why do you want to train as a Dementia Link Worker for your organisation?**

3 things I expect to achieve by becoming a DLW;

3 things I want to improve about my own practice;

Other information that supports my application and demonstrates my interest in dementia;

**The course aims to provide you with the skills and knowledge to:**

1. Role model the skills, both verbal and non-verbal that are necessary to support people with dementia in a person-centred way.
2. Consider the use of language which reflects person centred values and attitudes associated with dementia within your workplace.
3. Support families and informal carers of people with dementia within your workplace in a positive way.

Post training, as a DLW you will be invited to attend follow up events run by the Dementia Education Team.

**This section to be completed by your Line Manager:**

**(you **MUST** have this section completed to evidence the support of your manager)**

**Manager's Full Name:** (Please print)

Please sign to confirm that you agree to the above person applying for the DLW award.

**Manager's Signature:**

**E-Mail :**

**Date:**

**Please return this form electronically to: [Kay.Patel@ghc.nhs.uk](mailto:Kay.Patel@ghc.nhs.uk)**

**Please note:** Forms that are not fully completed will be returned to be re-submitted before being considered for the course