Dementia Workshop Booking Form

LIGHTHOUSE DEMENTIA SUPPORT

Please complete this form to book your place on one of upcoming workshops.
Your information helps us tailor support and ensure your safety, comfort, and privacy.

Your Details

Full Name			
Email Address			
Phone Number			
Preferred Contact Method	☐ Email	☐ Phone	☐ Text
Accessibility Needs (optional) We are committed to making our workshops inclusive and accessible to everyone. Please let us know if you require any adjustments or support to take part.			
Emergency Contact Name and Address (optional)			

Workshop Session Preference

Workshop Location	Badminton Estate
Workshop Date	Wednesday 10 December 2025

Please select your preferred time. If your first choice is full, we'll contact you to offer the alternative. If both are full, we'll offer to add you to a waiting list.

☐ Morning session (10.00 - 13.00)	☐ Afternoon session (13.30 - 16.30)
☐ I'm happy to attend either	☐ If both sessions are full, I agree to be added to the waiting list. We will be in touch when the next workshop is in the area.

Eligibility

☐ I confirm that I am not a professional carer / work for the NHS
(if you are and wish to attend a session similar to this, please contact us separately and we can talk you through an alternative process

Are you attending as a family member or friend? Please let us know the relationship of the person with Dementia

Relationship / friend. _____

Community & Follow-Up Support Groups

Following the workshops we create WhatsApp groups and / or share contact lists so participants can stay in touch, offer mutual support, and arrange follow-up sessions. **Please leave BLANK if you DO NOT consent.**

☐ I consent to sharing my name and phone number with other group members	☐ I consent to being added to a WhatsApp group for follow-up support
☐ Please do not include me in any ongoing support-group communications	☐ I would like to decide about joining ongoing support-group communications at the workshop

Consent & Data Collection

Your data will be processed in accordance with the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. For full details, please refer to our Privacy Notice on our website, info@lighthousedementiasupport.org.uk. We will retain your data for up to 12 months following the workshop, by consent and legitimate interest for administrative purposes.

By submitting this form, you confirm that (please tick boxes)

☐ You understand your personal data will be stored securely and used only for workshop delivery, safeguarding, and administration.	☐ You have read and agree to our Privacy Notice and Terms of Use,
☐ You consent to being contacted regarding your booking and related services.	☐ You understand you can withdraw consent at any time by contacting us.
☐ Photos may be taken on the day, I consent to my photograph being used on social media or our website. You may withdraw this consent at any time by contacting us. We will never publish images that identify you by name without separate permission.	

This workshop is for information and peer support only. It is not intended to provide medical, legal, or professional advice. Participants remain responsible for their own wellbeing and decisions arising from discussions during the workshop.

If any safeguarding concerns arise, we may be required to share relevant information with appropriate authorities in accordance with our safeguarding policy.

Additional Notes

Let us know anything else you'd like us to be aware of:

Signed:……..

Date:……..

Thank you for being part of this journey.

Please return this form to: info@lighthousedementiasupport.org.uk

We will send a booking confirmation shortly alongside a short health questionnaire, which you will be required to complete prior to the workshop.