

ALBERTA CAREGIVERS ASSOCIATION

Workshop Participant Registration Form (B)

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| Workshop: COMPASS for the Caregiver <input type="checkbox"/> Community Caregiver <input type="checkbox"/> | |
| Start Date: | Location: |

Personal Information

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|--|-------------------|
| First Name: | Last Name: |
| Age: Under 30 <input type="checkbox"/> 30-44 <input type="checkbox"/> 45-59 <input type="checkbox"/> 60-74 <input type="checkbox"/> 75+ <input type="checkbox"/> | |
| Phone Number: | Alternate Number: |
| Address: | |
| Email: | |

Caregiving Information

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|---|
| I am a caregiver for my: Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Diagnosis: |
| Work status: Full time <input type="checkbox"/> Part time <input type="checkbox"/> I am retired <input type="checkbox"/> Other <input type="checkbox"/> If other, please describe: |
| Do you live with your care recipient? Yes <input type="checkbox"/> No <input type="checkbox"/> If other, please describe: |
| What caregiving concerns do you have? <input type="checkbox"/> Finance <input type="checkbox"/> Depression <input type="checkbox"/> Stress <input type="checkbox"/> Isolation <input type="checkbox"/> Transportation <input type="checkbox"/> Respite <input type="checkbox"/> Medical Support <input type="checkbox"/> Food <input type="checkbox"/> Shelter/Housing <input type="checkbox"/> Free time <input type="checkbox"/> Family help/support <input type="checkbox"/> Other: |

For Office Use Only: PR _____ PW _____ PE _____ MD _____