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**Brain Injury Identity Card application form**

**Applying for a Brain Injury Identity Card**

You can apply for a card for yourself or on behalf of someone who has a brain injury.

The card is available to adults aged 18 years old and over.

You will be asked to provide:

* The contact details of all relevant parties involved
* A photo of the card holder
* Verification of the brain injury, or the contact details of someone that can verify the brain injury

In addition there are some questions asking for information about your brain injury.

In order to receive a Brain Injury Identity Card **please complete all of the application form sections - one to four**.

All information you provide will be used to help Headway build a better picture of brain injury in the UK. Data will be stored securely and confidentially in accordance with data protection laws.

Please note; Headway may contact card holders that use the criminal legal assistance number on their Brain Injury Identity Card about the quality of the service received. This is to ensure we can monitor and maintain the quality of this service for all brain injury survivors.

**Are you completing this application for yourself or on behalf of somebody else?**

 **Myself On behalf of somebody else**

**Section one: Personal details of card holder**

**(If you are completing this form on behalf of somebody else, please also provide your contact details in section two)**

First name:

Last name:

Gender:

Date of Birth (dd/mm/yyyy):

Telephone number:

Alternative telephone number:

Email address:

Address Line 1:

Address Line 2:

Address Line 3:

Postcode:

Country (Scotland/Wales/Northern Ireland/England):

Are you in contact with a Headway group, branch or other service? (e.g. HATS nurse, Emergency Fund, Headway Helpline)

Yes

No

* 1. If yes, please specify which Headway group/branch or other service?

**Photo**

**A photograph is required in order to produce your identity card.**

Please attach a passport style photograph of yourself to this application and return along with your completed application form to: **Headway – the brain injury association, Unit 1, College Fields Business Centre,16 Prince George's Road, London, SW19 2PT**

Please ensure:

* The photo is in colour
* The photo is clear and in focus
* The photo is without any creases or tears
* You are facing forward and looking straight at the camera
* Sunglasses are not worn (prescription glasses are permitted)
* You do not have a head covering (unless it’s for religious or medical reasons)

Photo attached:

**Section two: Your contact details if completing this application on behalf of somebody else**

First name:

Last name:

Telephone number:

Email address:

Address Line 1:

Address Line 2:

Address Line 3:

Postcode:

Relationship to card holder:

Please confirm which address you would like the Brain Injury Identity Card sent to:

Section one address (card holder): Section two address (you):

**Section three: Verification of brain injury**

In order to provide you with the Headway Brain Injury Identity Card we require confirmation of your brain injury from your Headway group/branch or a clinical professional.

Please send the evidence (e.g. a confirmation letter) from your Headway group/branch or a clinical professional, along with your completed application form to: **Headway – the brain injury association, Unit 1, College Fields Business Centre,16 Prince George's Road, London, SW19 2PT**

Evidence attached:

If you are unable to supply this information and you would like us to help you attain verification of your brain injury, please provide us with the contact details of your group/branch, GP or the hospital where you were treated.

**Please note; we can experience delays when seeking verification of your brain injury from clinical professionals. If you already have documentation from a clinical professional, it is preferable you attach this to your application.**

**If you would like to continue, please note that in providing us with these details, you are giving your consent for us to contact them to seek verification of your brain injury.**

Name of GP or other clinical professional:

Name of Headway local group/branch/GP practice/hospital/health service:

Address line 1:

Address line 2:

Address line 3:

Postcode:

Telephone number:

Email address:

**Section four: About your injury**

Please tell us what caused your brain injury (**please tick all that apply**)

If you are completing this form on behalf of someone else, please tell us as much as you can about the applicants brain injury.

Traumatic brain injury (e.g. road traffic accident, assault, fall)

Stroke

Aneurysm

Haemorrhage

Brain Tumour

Infection (e.g. encephalitis, meningitis)

Hypoxic/anoxic brain injury (i.e. lack of oxygen to the brain)

Hydrocephalus (i.e. fluid in the brain)

Not sure

Other (please specify):

If you sustained a **traumatic brain injury**, please tell us what caused your traumatic brain injury:

Road traffic accident (car/other motor vehicle)

Road traffic accident (motorcycle)

Road traffic accident (bicycle)

Road traffic accident (pedestrian)

Assault

Fall

Workplace injury

Sporting injury

Not sure

Other (please specify):

When did you sustain your brain injury?

0-3 months ago

3-6 months ago

6-12 months ago

1-2 years ago

2-5 years ago

5-10 years ago

Over 10 years ago

Not sure

Alternatively, please provide us with a date that you sustained your brain injury:

Please tell us how you feel your brain injury affects you (**please tick all that apply**)

**Cognitive**

Attention and concentration difficulties

Communication difficulties

Confusion

Difficulty with decision making

Difficulty following instructions

Difficulty processing information

Dislike of crowds

Dislike of noisy environments

Language loss

Memory problems

Pathological crying

Pathological laughter

Planning and organisation problems

Reading difficulties

Reduced insight

Spatial disorientation

Speech difficulties

Writing difficulties

None

**Physical**

Balance difficulties

Bladder control difficulties

Coordination difficulties

Dizziness

Epilepsy

Fatigue

Headaches

Hearing problems

Incontinence

Involuntary movements

Loss of smell

Loss of taste

Migraines

Mobility problems

Pain

Paralysis

Left-sided paralysis

Right-sided paralysis

Seizures

Sight problems

Swallowing disorders

Weakness

Right-sided weakness

Left-sided weakness

Visual inattention to left-hand side

Visual inattention to right-hand side

None

**Behavioural**

Aggression

Disinhibition

Frustration

Impulsive behaviour

Irritability

Obsessive behaviour

Social behaviour problems

Use of inappropriate language

None

**Emotional**

Anger

Anxiety

Depression

Lack of confidence

Lack of motivation

Mood swings

Worry

None

Do you experience any other effects that have not been listed? (please specify):

Your Brain Injury Identity Card will list **four** ways your brain injury affects you.

**From the effects you have selected above**, which four would you like on your Brain Injury Identity Card?

Please note, we have pre-determined statements for each effect, so only write the effect below e.g. ‘anxiety’

1)

2)

3)

4)

**We would like to keep in touch with you to ensure you’re up-to-date with news, developments and fundraising from Headway.**

**Please tell us how you would like to hear from us:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Email** |  |  |
| **Post** |  |  |
| **Phone** |  |  |

**Please tick here if you would be interested in helping Headway to raise awareness of brain injury by telling your story, providing a case study or helping in other ways**

Thank you for completing your application for a Brain Injury Identity Card.

Please ensure you have attached a photo and verification of your brain injury to your completed application form before returning your application to: **Headway – the brain injury association, Unit 1, College Fields Business Centre,16 Prince George's Road, London, SW19 2PT**