



## 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 five.**

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 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:

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Last name:

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Gender:

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Date of Birth (dd/mm/yyyy):

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Telephone number:

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Alternative telephone number:

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Email address:

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Address Line 1:

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Address Line 2:

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Address Line 3:

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Postcode:

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

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

Yes

☐

No

☐

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

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## 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, Bradbury House, 190 Bagnall Road, Old Basford, Nottingham, NG6 8SF**

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:

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Last name:

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Telephone number:

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Email address:

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Address Line 1:

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Address Line 2:

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Address Line 3:

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Postcode:

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Relationship to card holder:

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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, Bradbury House, 190 Bagnall Road, Old Basford, Nottingham, NG6 8SF**

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:

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

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Address line 1:

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Address line 2:

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Address line 3:

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Postcode:

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Telephone number:

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Email address:

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## 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):

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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): ☐

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When did you sustain your brain injury?

0-3 months ago	<input type="checkbox"/>
3-6 months ago	<input type="checkbox"/>
6-12 months ago	<input type="checkbox"/>
1-2 years ago	<input type="checkbox"/>
2-5 years ago	<input type="checkbox"/>
5-10 years ago	<input type="checkbox"/>
Over 10 years ago	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

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

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## Section five: Your Brain Injury Identity Card

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

**From the effects listed on the page overleaf**, please list the **four** affects you would like displayed on your card.

Please note that these statements are pre-determined and cannot be altered.

1)	<hr/>
2)	<hr/>
3)	<hr/>
4)	<hr/>

<p style="text-align: center;"><b><u>Cognitive</u></b></p> <p>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 organisational problems  Reading difficulties  Reduced insight  Spatial disorientation  Speech difficulties  Writing difficulties</p>	<p style="text-align: center;"><b><u>Physical</u></b></p> <p>Balance difficulties  Bladder Control  Coordination difficulties  Dizziness  Epilepsy  Fatigue  Headaches  Hearing problems  Incontinence  Involuntary movements  Left sided paralysis  Left sided weakness  Loss of smell  Loss of taste  Migraines  Mobility problems  Pain  Paralysis  Right sided paralysis  Right sided weakness  Seizures  Sight problems  Swallowing disorders  Visual inattention to left hand side  Visual inattention to right hand side  Weakness</p>
<p style="text-align: center;"><b><u>Behavioural</u></b></p> <p>Aggression  Disinhibition  Frustration  Impulsive behaviour  Irritability  Obsessive behaviour  Social behaviour problems  Use of inappropriate language</p>	<p style="text-align: center;"><b><u>Emotional</u></b></p> <p>Anger  Anxiety  Depression  Lack of confidence  Lack of motivation  Mood swings  Worry</p>

\*If you experience other effects of your brain injury that are not listed above, please provide them here for our future consideration.

**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:**

	<b>Yes</b>	<b>No</b>
<b>Email</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Post</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Phone</b>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **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 it to: **Headway – The Brain Injury Association, Bradbury House, 190 Bagnall Road, Old Basford, Nottingham, NG6 8SF**