**16th INTERNATIONAL DEMENTIA CONFERENCE 2024**

Theme - **Diversity in Dementia:**

**Embracing Differences, Connecting Minds**

**Date**: 8th and 9th May 2024

**Venue**: Annebrook House Hotel, Mullingar.

**Brought to you by:**

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**Applications invited for:**

1. **Abstract presentations - on stage**
2. **Interactive sessions or demonstration of a creative approach**

(20 - 30 mins)

1. **Poster - for display** (re. project, development, or research)

**Please complete in full, and return via email to conference@engagingdementia.ie**

**DEADLINE: 31st January 2024**

**If you have any queries, please call 01 260 8138 or send an email to the address above**

**I wish to apply for: (please tick one)**

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**1. Abstract Presentation on stage**

(a time slot of 20 – 30mins will be allocated dependent on scheduling availability. This will be communicated to successful applicants ahead of time.)

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**2. Interactive session *or* Demonstration**

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Time Requested: 20 mins or 30 mins

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**3. Poster for display**

**Title of your submission item**

(We suggest a title of no more than 70 characters long where possible, with a fuller explanation being included in the description later in the form. This is to allow for ease of navigation of the final conference programme/timetable)

**Lead Presenter’s Details**

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| Name …………………………………………………………………………...  Pronouns ……………………………………….  Professional Title/Role ……………………………………………...  Organisation ……………………………………………………………………….  Contact Email ……………………………………………...  Contact number (mobile) ……………………………………………...  Details of additional presenter/s (if applicable) – please give their name and title at a minimum:  Contact emails for additional presenters: |

**We welcome multi-stakeholder / multi-disciplinary applications**

**Names of other stakeholders (if any)**

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**Biography and Photo**

Please write a short biography for each speaker involved (max 100 words, per speaker):

Click here to enter text.

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Please tick the box below to confirm you have also returned a suitable **headshot/photo** of each speaker with this form (if they wish for an image to be added to the conference programme). The person in each image should be clearly identified:

Photos can either be attached to the end of this document, or sent as a separately via email. If no image is received we will assume that the person would rather one was not used.

**Please select the topic your application fits under (tick one):**

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| **Topic** | **Tick Below** |
| * Beyond Alzheimer’s: The Other Dementias |  |
| * Dementia and Companion Conditions * (examples include, but are not limited to: Down Syndrome / Parkinson’s / Schizophrenia / Arthritis / Depression / Heart & Head Injury ) |  |
| * Dementia and the Arts |  |
| * Dementia and the LGBTQI+ Community |  |
| * End of Life and Palliative Care |  |
| * Ethnic Minorities and Dementia Care |  |
| Exploring Play and Joy as Adults |  |
| * Intellectual Disabilities and Dementia |  |
| * Non-Pharmaceutical Approaches to Care |  |
| * The Power of Pets: Animals within Dementia Care |  |
| * Other (please also state how you feel this meets the overall theme of *Diversity in Dementia*): |  |

**If this is an application for an Abstract Presentation (on stage):**

Please provide a brief description of your presentation.

Include, where applicable, background, aims, ethical considerations, findings, further recommendations. (max 350 words)

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**If this is an application for an Interactive Session or Demonstration:**

Please describe the concept, goals, and set out what the session will involve, including the length of time required (max 250 words).

For an interactive session application, please mention number of participants required to run the session (minimum and maximum), as well as if you would be open to running the session more than once.

**If this is an application for a Poster (for display):**

Please provide a brief description of your poster.

Include, where applicable, background, aims, ethical considerations, findings, further recommendations. (max 250 words)

**For all applicants**

How does your work demonstrate ethics-based practice? (max 100 words)

You are welcome to also include a photo, short video (2 minutes max), or any other visualization or media in support of your application. If you wish to do so, please email it to [conference@engagingdementia.ie](mailto:conference@engagingdementia.ie), along with your completed application form.

**Additional**

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If you apply for an Abstract Presentation and are unsuccessful, would you like to be considered for a Poster for display? Yes No

**Media Consent Form for Abstract, Interactive Session, and Demonstration Applicants (Poster applicants may skip this selection.)**

(Please return one completed form, per speaker/presenter, listed in the form above.

Alternatively, one person may be designated to fill the form out on behalf of a group or organisation as a whole. If the latter, please this beside the organisation’s name.)

Engaging Dementia will be recording all speakers at the 16th International Dementia Conference 2024 during their presentations/interactive events and/or discussions throughout the event (collectively referred to as ‘presentation/s’ in the table below).

The table below indicates your consent level given for use of these recordings.

Note: the event will ***not*** be live-streamed.

**Please select one option below.**

This form **must** be completed for your application to be deemed complete and eligible for consideration. This is to ensure Data Protection Regulations are met and recorded.

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| **I give the following…** | **Select one** |
| **Full Consent:**  I am happy for recordings of my presentation(s) to be shared with the general public after the conference, for example, on Engaging Dementia’s YouTube Channel.  Videos will be shared within the context of the conference, and may be used in future promotional materials for same. | ​​​ |
| **Partial Consent:**  I am happy for recordings of my presentation(s) to be shared with ticketholders of the conference, after the event.  However, I **do not** wish for these recordings to be made viewable to the general public or used in promotional materials for future events. | ​​ |
| **Do Not Consent:**  I do not consent to recordings of my presentation(s) to be distributed in any form, and request they be deleted following the event. |  |

By marking the box above, I understand that all details contained in this form will be kept as proof of my consent preferences.

I understand that I can freely withdraw my consent at any time by contacting [admin@engagingdementia.ie](mailto:admin@engagingdementia.ie)  and that this change will apply from time of withdrawal onwards, and all usage of materials prior to withdrawal will not be affected.

I understand that I have the right, as the data subject, to access data relating to me, to be informed about the existence and extent of the data processing, to rectify incorrect personal data as the case may be and to oppose further processing, upon request of same.

**Name**: ……………………………………………..

(please print)

**Organisation**:.......................................

**Signature**: ……………………………………….. **Date** ………………………………………

**Please send your completed form to** [**conference@engagingdementia.ie**](mailto:conference@engagingdementia.ie) **by the deadline of 31st January.**

**Engaging Dementia will aim to give a response to applications for the Conference by mid-March 2024.**

**Engaging Dementia Contact Details**

Tel 01 260 8138

Address Mounttown Community Facility, Meadowlands, Fitzgerald Park, Lower Mounttown Road, Dun Laoghaire, Co Dublin, A96 KR65.

Email conference@engagingdementia.ie

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