**17th INTERNATIONAL DEMENTIA CONFERENCE 2025**

Theme - **Bridging Worlds in Dementia Care:**

**Connecting Global Perspectives and Local Solutions**

**Date**: 7th and 8th May 2025

**Venue**: Athlone Springs Hotel, Co. Roscommon

**Brought to you by:**

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**Applications invited for:**

1. **Presentations on stage (full paper, project, concept etc)**
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: Monday, 24th February 2025**

**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. 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 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
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| * Dementia and Companion Conditions
* (examples include, but are not limited to: Down Syndrome / Parkinson’s / Mental Health / Heart & Head Injury)
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| * Dementia and the Arts
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| * Dementia and the LGBTQI+ Community
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| * End of Life, Decision-Making, Palliative Care
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| * Engaging staff in person centred dementia care
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| Environmental design/technology and dementia |  |
| * Intellectual Disabilities and Dementia
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| * Late-stage dementia/nursing home care
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| Meeting the needs of people with young onset dementia |  |
| * Non-Pharmaceutical Approaches to Care
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| * Resilience and well-being of carers
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| * Other:
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**If this is an application for a 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 the 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 s (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, along with your completed application form.

**Additional**

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

I understand that I can freely withdraw my consent at any time by contacting 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 and to oppose further processing, upon request of same.

**Name**: ……………………………………………..

(please print)

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

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

**Please send your completed form to** **conference@engagingdementia.ie** **by the deadline of Monday, 17th February.**

**Engaging Dementia will aim to give a response to applications for the Conference by mid-March 2025.**

**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

Registered Charity Number 20033439

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