Port Macquarie
DEMENTIA FRIENDLY COMMUNITY

Dementia Creative Writing Project Author Registration 2025

First Name: _____ **Surname:** _____

Address: _____

Email Address: _____

Phone: _____ **Mobile:** _____

M/F. _____ **Age** if under 16 _____

What best describes your connection with the person living with dementia in this story/poetry?

_____

Consent to publication: I agree to my story/poetry being read at the library and or published in the project book at completion of the project. Yes/No

Signature: _____

- I agree to my name being published as the author of this story/poetry. **Yes/No**
- I agree to my story being published on social media by the DFC Alliance. **Yes/No**

The Port Macquarie DFC Alliance undertakes evaluation on all projects that we complete.

- Do you consent for your work to be part of the evaluation of this project? **Yes/No**
- How would you describe your knowledge of dementia? _____
- Would you like any further information on dementia? **Yes/No**

Consent for writers under 16 years of age.

I consent to _____ participating in this Creative Writing Project.

Name of person consenting and relationship to writer.

Name: _____Signature: _____Date: _____

Relationship: _____

If you have any queries please contact; dementiafriendlyportmacquarie@gmail.com or phone 0433 134 827.