



COUNTERSTROKE FIJI

CARERS OF STROKE SURVIVORS WORKSHOP – APPLICATION/REGISTRATION FORM

Name (First Name)		Last Name
Landline Number	Mobile number(s) Voda/Inkk: Digi:	WhatsApp: Viber: Messenger (FB name):
Full Address (House/Lot #, Street, Area)	Email Address 1	Email address 2
Date of Birth (DD/MM/YYYY) /Age (optional)	Sex: Male or Female	Ethnicity: iTaukei, Indo Fijian, Chinese, Other
How long have you looked after the stroke survivor? Full time or Part-time? (If part-time is there another carer, and if so name?)		
Languages spoken?	Have you attended any stroke carers, or other stroke related training before? If so convened by whom? When?	
Information on the STROKE SURVIVOR: a. Full name (First, Last) b. Address c. Date or year of stroke? d. Date of Birth? e. Left hemisphere or right hemisphere (of the brain) stroke? (Note: Left hemi affects right side of the body, right hemi affects left side of the body) f. Ischemic (clot) or hemorrhagic (tear in blood vessel) stroke (if known)? g. Can the survivor speak?		

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