The Dublin Conversation Partner Project

Contact: Jessica Henihan
E-mail: henihanj@tcd.ie
ABOUT THE CONVERSATION PARTNER PROJECT

Conversation partners is a programme organised by Trinity College Dublin, and your Speech and Language Therapist. It is a project which is linked to Connect: The communication disability network in London.

After training, two first year speech and language therapy students will meet with you in person in your home.

The students are not qualified Speech and Language Therapists.

The students will have conversations with you.
You can decide that you do not want the students to contact you.

If all goes well, the students will contact you once a week during term time (except on holidays).

These conversations will happen on Thursdays.
Your Speech and Language Therapist can refer you to the programme.

They will need to provide the following details
- Your name
- Your age
- Your gender
- Your phone number
- Your email address
- The details of a family member
- Comment on your access to internet and a device like an iPad, smart phone or computer

These details will be kept securely on a password protected computer.

Your details will be deleted after 2 years, unless you want to be contacted about research on aphasia in the future.

You have data rights. You have the right to:
- **Access** the data we collect about you;
- **Correct the data**;
- **Request** that we **delete the data** at any stage;
- **Decide** that you do not want us to use your data

You and your family can **telephone** your local speech and language therapist if you have **any questions**, OR you can contact Jessica Henihan at [henihanj@tcd.ie](mailto:henihanj@tcd.ie)
CONVERSATION PARTNERS: CONSENT FORM

1. Conversation partners has been explained to me by:

______________________________________________

2. I would like students to visit me in person

   YES ✓
   NO  x

3. I understand that my details will kept securely.

   I want my details to be kept to allow me to participate in
   the Conversation Partner Scheme.
   (These details will be kept for 2 years only).

   I ALSO want my details to be kept securely and used to
   contact me if there is research that is relevant to me.
   (My details will not be shared with anybody else, but I
   agree to receive information about research projects
   related to stroke or aphasia).

Signature: _________________________________

Witness signature: Family member: ________________________________

Speech and language Therapist: ________________________________

How much of a problem is aphasia in your life?

I__________I__________I__________I__________I__________I

0                   1                  2                    3                4                 5

Small Problem       Very Big Problem