

**The Dublin Conversation Partner Project**

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Contact: Jessica Henihan

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# 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.**

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**There will be an option to meet online.**



# The students are not qualified Speech and Language Therapists.

The students will have **conversations** with you.

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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**

# CONVERSATION PARTNERS: CONSENT FORM

# Conversation partners has been explained to me by:

1. I would like **students to visit me in person (or online)**

 **YES** ü

  **NO** 𝙓

1. I understand that my details will kept securely.

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| --- | --- |
|  | 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**