

 Dementia Therapy Group

Maintenance Cognitive Stimulation Therapy (MCST) is a weekly programme designed for people living with mild to moderate dementia. The sessions last for two hours, are provided in community settings in either Bath or Midsomer Norton.

Group members take part in meaningful and stimulating activities, proven to help maintain memory and mental functioning. The emphasis is very much based on enjoyment, having fun and increasing levels of happiness. Activities typically include: discussions, word games, quizzes, physical activities, creative and musical activities.

**Location of the group in Midsomer Norton:** Midsomer Norton Town Hall, The Island, Midsomer Norton BA3 2HQ

**Day and time:** Wednesdays 10am- 12.00pm

**Location of the group in Bath:** St Michael’s Centre, 1-2 St Michael’s Place, Bath, BA1 1SG

**Day and time:** Wednesdays 2.30pm-4.30pm

**This service is for those who:**

* Have been diagnosed with dementia
* Are able to manage own personal care

**Unfortunately, this service is not appropriate for those who:**

* Have a severe hearing impediment
* Have a severe visual impediment
* Has severe physical health problems that will affect their ability to attend the group

**Transport:** Attendees will have to make their own transport arrangements. There is a good bus service to both centres.

**Charge:** The cost is £25 per session.

Please contact us for more information on 01225 466135 or email reception@ageukbanes.co.uk or visit our website [www.ageukbanes.co.uk](http://www.ageukbanes.co.uk)

Registered Charity No: 1110455

Company Limited by Guarantee Registered No: 5367286 England & Wales



**Dementia Therapy Application Form**

If you wish to come to the service, or you would like to refer someone you know, please complete this form and email (using encryption) or post it to us or telephone 01225 466135

Email: paul.watermeyer@ageukbanes.co.uk

Post:18 Kingsmead Square, Bath BA1 2AE

Tel: 01225 466135

**Confidentiality:**

All the information we hold about you will be kept confidential. We will not discuss any information with third parties unless we have your permission to do so or, in exceptional circumstances, where we consider you to be at risk.

**Section A - New member’s details**

## Full Name and salutation: ..........................................................................

## Date of birth.................................................................

Address .........................................................................................................................

Postcode: ..............................................................

Home telephone/mobile number: .........................................................................................

Emergency Contact Name eg next of kin ……………………………………………………

Emergency Contact Number ……………………………………………………………….

Please tell us about why you think you (or the referred person) will benefit from coming to the club.

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## **SECTION B – Please complete if you are referring someone else to the club**

Referred by:………………………………………. Position:…………………………………………………

Agency name: …………………………………. Telephone number……………………………..

Address………………………………………………. Email address………………………………..

Does the person named on this form know they are being referred? YES/NO

Do we have permission to contact them directly? YES/NO

###### Age UK Bath and North East Somerset is a local independent charity.

Please return this form to Age UK Bath and North East Somerset,

18 Kingsmead Square, Bath, BA1 2AE. Email (use encryption) paul.watermeyer@ageukbanes.co.uk

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