

BRAIN BASICS

Training Program

**For Health Care Workers and Caregivers
Of
Acquired Brain Injury**



Modules of the Program

- Module 1** ♦ **Parts and Functions of the Brain**
- Module 2** ♦ **ABI: Types and Causes**
- Module 3** ♦ **ABI: General Strategies**
- Module 4** ♦ **ABI: Consequences and Strategies: Physical**
- Module 5** ♦ **ABI: Consequences and Strategies: Cognitive**
- Module 6** ♦ **ABI: Consequences and Strategies: Behavioural**
- Module 7** ♦ **Support Roles: Team and Family**

Date: May 17 - 18, 2012
Location: Toronto Rehab, Lyndhurst Site
520 Sutherland Drive, Room B10 (Basement), Toronto, ON M4G 3V9
Time: 8:30 a.m. - 4:30 p.m. (daily)
Cost: \$250

**For Further Information Please Call (416) 830-1485 (Local)
OR
OBIA at 1-800-263-5404 (Toll-Free); e-mail obia@obia.on.ca**

**Presented by the Ontario Brain Injury Association
In Conjunction With
The Brain Injury Society of Toronto**

Brain Basics Training Program

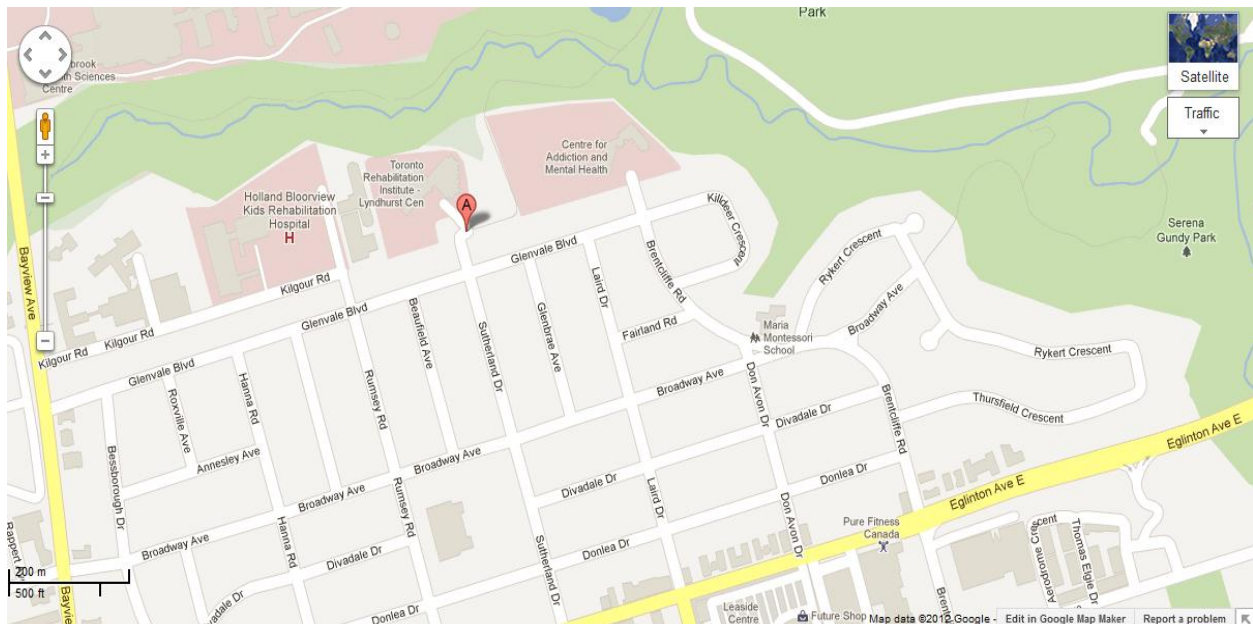
May 17th and 18th, 2012 (Thursday & Friday)
Course runs from 8:30 – 4:30 (Daily)

Modules of the Program

- Module 1 ♦ Parts and Functions of the Brain
- Module 2 ♦ ABI: Types and Causes
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- Module 7 ♦ Support Roles: Team and Family

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For Further Information Please Contact:

The Ontario Brain Injury Association

Phone: (1-800) 263-5404

Email: obia@obia.on.ca; **Fax:** (905) 641-0323

OR

The Brain Injury Society of Toronto

Phone: (416) 830-1485

E-mail: info@bist.ca

Brain Basics Training Program

May 17 - 18, 2012

Toronto Rehab, Lyndhurst Site, 520 Sutherland Drive, Room B10 (Basement), Toronto, ON M4G 3V9

Name: _____

Organization: _____ Position: _____

Work Address: _____

City: _____ Province: _____ P.C. _____

Work Telephone: (_____) _____ Work Fax (_____) _____

Home Address: _____

City: _____ Province _____ P.C. _____

Home Telephone: (_____) _____

E-Mail: _____

Where do you want correspondence sent: _____ Home _____ Work

Please print your name as it should appear on your certificate, if different from above:

Please Note: Registrations Must Be Received by OBIA No Later Than May 10th, 2012

Registration Fee: \$250.00

Payment method: Cheque MasterCard VISA
Credit Card # _____ Expiry Date: _____

Name as it appears on the card: _____

***Please make cheques payable to the Ontario Brain Injury Association**

**Fax Completed Form To: (905) 641-0323 Or Mail Completed Form To:
Brain Basics Training, P.O. Box 2338, St. Catharines, On L2R 7R9**

*The Brain Basics Training Program is Presented by the
Ontario Brain Injury Association
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Bayshore Home Health
2155 Dunwin Drive, Unit 10
Mississauga, ON L5L 4M1
Tel: 905-822-8075 Toll-Free: 1-800-668-9490

The Ontario Brain Injury Association (OBIA) respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to process your registration and to keep you informed and up to date on the activities of OBIA, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from these communications simply contact us by phone at (905) 641-8877 or toll free 1-800-263-5404 or via e-mail at obia@obia.on.ca, and we will gladly accommodate your request.