GENETIC ALLIANCE AUSTRALIA
Invites you to an
Information session on genetics and support services
TAMWORTH 28th October 2017.

Guest Speaker: Melissa Buckman, Genetic Counsellor,
Tamworth Community Health Centre
Topics for discussion:- Genetics, NDIS Planning and fund management; siblings issues; accessing supports in the Tamworth area - and more!

The forum is for families and providers of disability services
In the Tamworth area of NSW
Lunch will be provided.

About Genetic Alliance Australia:
Genetic Alliance (GA) is a peak umbrella group for rare genetic conditions established in 1988. The diagnosis of a genetic condition in a family member, especially a child, places enormous stress on the family and GA provides the peer support and information they need both in the immediate short term and in the on-going years of care.

To attend this event, please register by filling on the response form and sending to:
Jenny Rollo OAM, Projects Manager
Email: projects@geneticalliance.org.au
Garvan Institute, Level 6, 384 Victoria Street, Darlinghurst, NSW, 2010
P: (02) 9295 8314 or (02) 9295 8359

We look forward to meeting you.

Funded by:
ABN: 83 594 113 193
Registered Charity CFN 15481
www.geneticalliance.org.au
Yes I would like to attend the
Genetic Alliance Australia Seminar,
TAMWORTH

Saturday, 9.30am, 28th October at Wests Diggers Club, 4 Kable Avenue, West Tamworth, 2340.

Name/s of attendees: ________________________________________________
(for name badges)

________________________________________

Email address: ______________________________________________________

Postal Address: ______________________________________________________

Phone Number: ______________________________________________________

Is there a topic of particular interest to you that you would like to be included in the program?
Eg. Behaviour, dentistry, supported accommodation..?

_______________________________________________________________

_______________________________________________________________

My child/ren is/are interested in attending the siblings workshop: (aged 8 to 13 years).

Preferred time for workshop: 3.30pm to 5.30pm Friday 27th October
OR
9.30am to 11.30am Sunday 29th October

Name: ______________________________ Age:____

Name: ______________________________ Age:____

Name: ______________________________ Age:____

Name: ______________________________ Age:____

Do any of your family members have special dietary requirements?

_______________________________________________________________

I/we would you like to attend a parents’ dinner (at own cost) on Saturday evening at a nearby restaurant?

Yes, please _________ No, Thank You __________