



## **Brain Basics Training Program**

**May 3 - 4, 2017 (Wednesday and Thursday)**  
Course runs from 9:30 – 4:30 (Daily)

### **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/Emotional**

**Module 7: Support Roles: Team and Family**

### **Course Location**

Albert Campbell Library  
496 Birchmount Road, Toronto, M1K 1N8

### **Student Testimonials**

*“The Instructor for the course was amazing! Very interesting, dynamic, encouraged questions, interactions, reflections and was extremely knowledgeable. This was an amazing course!”*

*“It was very informative and should be mandatory for any Health Care Professional that would deal with ABI Clients.”*

*“Excellent course! I feel much better able to understand the needs and challenges of individuals with ABI.”*

### **For Further Information Please Contact:**

#### **Ontario Brain Injury Association**

**Phone:** 1.855.642.8877 ext. 231

**Email:** [training@obia.on.ca](mailto:training@obia.on.ca) **Fax:** 905.641.0323

**OR**

#### **Brain Injury Society of Toronto**

**Phone:** 416.830.1485

**E-mail:** [info@bist.ca](mailto:info@bist.ca)

**NEW! Register ONLINE: [www.obia.ca](http://www.obia.ca)**

# BRAIN BASICS TRAINING PROGRAM

May 3 - 4, 2017 (Wednesday and Thursday)

Albert Campbell Library  
496 Birchmount Road, Toronto, M1K 1N8

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

**Work Address:** \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C. \_\_\_\_\_

Work Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Fax (\_\_\_\_\_) \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ P.C. \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**\*\*Confirmation will be sent via e-mail (e-mail address is mandatory)\*\***

Where would you like 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 April 19, 2017**

Payment in full must be received in advance of the program, no later than April 26, 2017.

(A cancellation fee of \$50 will be applied if written notice is not received by 9:00 A.M. April 26, 2017)

Registration Fee: **\$250.00 (Includes Lunch and Refreshment Breaks)**

Payment method:  Cheque\*  MasterCard  VISA

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

**Fax Completed Form To: 905.641.0323**

**Mail Completed Form To:**

OBIA, P.O. Box 2338, St. Catharines, ON L2R 7R9

**Brain Basics Training Program**

*is Presented by the*

**Ontario Brain Injury Association**

*in Conjunction with the*

**Brain Injury Society of Toronto**

*The launch of the Brain Basics Project was generously supported by Bayshore Home Health*

**Bayshore Home Health**

2101 Hadwen Road

Mississauga, ON L5K 2L3

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 1.855.642.8877 or via e-mail at [training@obia.on.ca](mailto:training@obia.on.ca), and we will gladly accommodate your request.