



**Tallaght Hospital
Speech and Language Therapy Department**

Swallow Screening: can it work for you?

Bookings now being accepted

Are you thinking of implementing swallow screening in your setting? Are you unsure as to which tool is the most appropriate for your setting? Are you encountering challenges in maintaining a swallow screening programme?

This morning session will discuss the benefits and challenges involved in implementing swallow screening. It will also introduce the different tools available. Opportunity for discussion and debate will be a key part of the session.

Venue:

Education Centre, Tallaght Hospital, Tallaght, Dublin 24, Ireland

Dates:

**Wednesday 28th November 2012
8.30am -1.00pm**

Course tutors:

Julie Keane, Senior Speech and Language Therapist in Stroke

Susan Lawson, Senior Speech & Language Therapist in Age Related Health Care & ENT

Fees & Booking information

Cost **€50**

Places are limited and are allocated on a first come first serve basis upon receipt of payment. The closing date for application/payment is **19th November 2012**

Please contact: Orla O'Brien/Phil Keane, Speech and Language Therapy Department Secretaries, 01 414 2776 / 414 2778 for further information and an application form



Tallaght Hospital
Swallow Screening—can it work for you?
28th November 2012

APPLICATION FORM

Name: _____

Address: _____

Contact No: _____

Email address: _____

Do you use swallow screening in your setting? Yes No

If yes, what tool do you use?

What patient population do you use it with?

Work Setting: Hospital Community Rehab Nursing Home
Intellectual Disability

Any specific issues that you would like addressed at this session:

Please make cheques payable to: **Adelaide Hospital Society and return to the
SLT secretary prior to the **19 November 2012****

Please find enclosed Cheque Postal Order Bank Draft for

Full Fee €50.00

Please return to:

*SLT Secretary, Speech and Language Therapy Department, Tallaght Hospital,
Dublin 24, Ireland*

OFFICE

Receipt Number _____ Receipt issued _____ By _____ Date _____