

Our contact details

Phone:

(08) 6457 7699

Web:

www.epilepsywa.asn.au

Email:

support@epilepsywa.asn.au

Facebook:

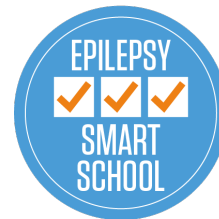
www.facebook.com/EpilepsyWA

Address:

The Niche
11 Aberdare Road
Nedlands WA 6009



Is your local school
Epilepsy Smart?



www.epilepsysmartschools.org.au

Supported by UCB

How can we
help you?

1300 852 853



1 in 25 West Australians will be diagnosed with epilepsy.

If you or someone you care about has been diagnosed, then we are here to help.

Since 1963, Epilepsy WA has been raising awareness, providing information and support networks for the people of WA.

Epilepsy is one of the most common neurological conditions, affecting 4% of the population over the course of a lifetime.

Epilepsy WA can help those living with epilepsy, their families and carers by providing:

- **Support Groups**
- **Community Education**
- **Epilepsy & Emergency Medication Administration Training**
- **Epilepsy Smart Schools Recognition Program**
- **Free Seizure Alert Bed Mat Loans**
- **Seizure Alert Technology Display**
- **Head Protection Display**
- **Compassionate Ear Support Service**
- **Information and Pathways to Other Services**
- **Systemic Advocacy**
- **Awareness Raising**

Taking medications as prescribed, reducing stress, getting adequate sleep and identifying your own personal seizure triggers are all important steps in helping to effectively manage your epilepsy. Exploring strategies to reduce risk and ensuring you have an up to date Epilepsy Management Plan in place are also highly recommended actions to take.

Connecting with others who are travelling a similar path may be beneficial and it may also help to alleviate feelings of isolation.

Maintaining regular medical reviews with your treating team, especially during pregnancy and family planning stages is crucial.

Epilepsy WA is a not for profit organisation and we rely on the generosity of the community to continue our activities.

We urge you to consider joining as a member. Please complete the form below and return it to our office.

| | | | |
|----------------------------------|--|---|--|
| Full Name | | | |
| Address | | | |
| Suburb/ Postcode | | | |
| Phone/ Mobile | | | |
| Email | | | |
| Membership Type (Please tick) | Single \$30 <input type="checkbox"/> | Concession \$25 <input type="checkbox"/> | Corporate \$50 <input type="checkbox"/> |
| Credit Card Number | | | |
| Expiry Date | | | |
| Cardholder's Name | | | |
| Donation (Optional) | \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other amount \$ _____ <small>All donations \$2 and over are tax deductible</small> | | |
| Please post or email to | Epilepsy WA – REPLY PAID 85082 – Nedlands WA 6009 support@epilepsywa.asn.au | | |
| Date | / / | | |

Please note memberships fall due for renewal each September.