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| **Alliance Membership Form**  **and Action Plan** | | | | | |
| **By submitting this Membership Action Plan we agree to the following:**   * we are support the National Dementia Declaration * we wish to become Affiliate Members of our Local Dementia Action Alliance & Surrey Local Dementia Action Alliance groups * we commit to the Actions below | | | | | |
| **Part 1 of 3: Organisation details** | | | | | |
| **Organisation name:** | | | | | |
| **Address:** | | | | | |
| **Organisation website:** | | | | | |
| **Contact person:** | | | | | |
| **Email:** | | | | | |
| **Telephone:** | | | | | |
| **Geographical areas covered by your organisation:** | | | | | |
| **Local borough council:**  Elmbridge  Epsom & Ewell  Guildford  Mole Valley | | Reigate & Banstead  Runnymede  Spelthorne  Surrey Heath | | Sutton  Tandridge  Waverley  Woking | |
| **What does your organisation do? (Max. 50 words)** | | | | | |
| **Tick all sectors in which your organisation operates:** | | | | | |
| Arts  Businesses and shops  Care  Charity  Children, Young People and Students  Clinical Commissioning Group  Commissioners Sector  Communication  Community Org | Domiciliary Care  Education Sector  Emergency Services  Faith Groups  Finance  Health  Hospices  Hospitality  Hospitals/ Hospital Trusts | | Housing  Legal  Letting  Local Authorities  Local DAA Members  Medical  Membership Organisation  Other  Pharmaceutical | | Recreation  Research  Retail  Schools  Social Care  Telecare  Transport  Utility  Voluntary |

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| **Part 2 of 3: Making a difference** |
| 1. **Consider why you want to be a DAA member. How will you establish what actions are important locally for people affected by dementia? (max. 200 words)** |
| 1. **What are the challenges to delivering these outcomes from the perspective of your organisation? (max. 150 words)** |
| **Part 3 of 3: List 3 dementia-friendly Actions that your organisation will undertake** |
| **Action 1** |
| **What we will do:** |
| **How we will do it:** |
| **Progress stage:**  Initial scoping  Planning  Being implemented  Completed  Incomplete |
| **Action 2** |
| **What we will do:** |
| **How we will do it:** |
| **Progress stage:**  Initial scoping  Planning  Being implemented  Completed  Incomplete |
| **Action 3** |
| **What we will do:** |
| **How we will do it:** |
| **Progress stage:**  Initial scoping  Planning  Being implemented  Completed  Incomplete |
| **Download and attach your logo here (optional)** |
| **Can we share your contact details with other Dementia Action Alliance members?**  Yes  No |
| **Save a copy of this completed form to your computer for your records and then email this form as an attachment to: dementiafriendlysurrey@alzheimers.org.uk** |