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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)**
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| 1. **What are the challenges to delivering these outcomes from the perspective of your organisation? (max. 150 words)**
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| **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:** [x]  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** |