

**Local Membership Form**

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| *By joining as a local member your organisation will be given a page on the DAA’s website* **www.dementiaaction.org.uk,** *which links to your local alliance page (if one exists in your area). If you are completing this form on a computer, please click on the relevant boxes to fill them in and save the document to one of your files.*  *You can then email it to* [*dementiaactionalliance@alzheimers.org.uk*](mailto:dementiaactionalliance@alzheimers.org.uk)  ***Please also send us your organisation’s logo*** *(if possible by e-mail in .jpg format)* – *it will be displayed on your page along with your Action Plan.* |

**Organisation name *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Our commitment:**

* ***Our organisation agrees to sign up to the National Dementia Declaration* -** [*www.dementiaaction.org.uk/nationaldementiadeclaration*](http://www.dementiaaction.org.uk/nationaldementiadeclaration)  ***and***
* ***commits to our action plan below:***

**Contact Details**

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| **Contact name and role** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Website** | Click here to enter text. |

*Can we share your contact details with other Dementia Action Alliance members?*

Yes ☐ No ☐

**Organisation type** -*please tick the relevant words that best reflect your organisation*

☐ *Arts*

☐ *Care*

☐ *Communication*

☐ *Emergency Services*

☐ *Finance*

☐ *Health*

☐ *Hospitality*

☐ *Medical*

☐ *Membership*

☐ *Pharmaceutical*

☐ *Public sector*

☐ *Recreation*

☐ *Research*

☐ *Retail*

☐ *Transport*

☐ *Utility*

☐ *Voluntary*

☐ *Other*

**Organisation summary -** *Please tell us briefly (up to 150 words) what your organisation does:*

**Local Alliance –** *Please tell us what local alliance you would like to join or the area you cover if one does not exist:*

**Making A Difference** *- helping your organisation/ community become more dementia-friendly:*

1. **How can your organisation help to support people with dementia and families/carers?**

*Consider your organisation’s role in making a difference in your community.*

*You don’t need to write lots of detail (approximately 200 words or less).*

1. **What are the challenges to delivering these outcomes for your organisation?**

*Are there any problems that you need to overcome to do this? (about 150 words)*

1. **How can you overcome these challenges?**

*For instance, your Action Plan could include:*

*• raise awareness of dementia to customers, people who use your service, or your community*

*• organise education and training for staff and volunteers.*

*• make environments more dementia friendly*

You can describe activities that are already happening or those being planned.

*Make sure your plan is practical and achievable for your organisation. One action may be right for a small group, please list no more than ten actions. Highlights of your Action Plan will be published on the Dementia Action Alliance website.*

***Here’s an example of how to fill it in:***

**Action 1**

**Title: *Improve our understanding of Dementia***

**Description:** *Our manager will arrange for all staff and volunteers to attend awareness sessions on dementia to ensure greater understanding of the condition and how we can help.*

**Our Action Plan is:**

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| **Action 1:**  **Title:**  **Description:** |

**Action progress:**

Please highlight in bold the relevant word for each action or add your own.

*Case Study* *Delivery* *Implementation* *Initial Scoping*

*Planning* *Uncompleted* *Launch event – advocacy* *Other:* \_\_\_\_\_\_\_\_\_\_\_

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| **Action 2:**  **Title:**  **Description:** |

**Action progress:**

Please highlight in bold the relevant word for each action or add your own.

*Case Study Delivery Implementation Initial Scoping*

*Planning Uncompleted Launch event – advocacy Other:* \_\_\_\_\_\_\_\_\_\_\_

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| **Action 3:**  **Title:**  **Description:** |

**Action progress:**

Please highlight in bold the relevant word for each action or add your own.

*Case Study Delivery Implementation Initial Scoping*

*Planning Uncompleted Launch event – advocacy Other:* \_\_\_\_\_\_\_\_\_\_\_

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| **Please add further Actions if necessary** |

For ideas on how other organisations have completed their Action Plan, visit the Dementia Action Alliance website: [www.dementiaaction.org.uk](http://www.dementiaaction.org.uk)

*Thank you. Please send your completed form* ***and******logo*** *to:*

[dementiaactionalliance@alzheimers.org.uk](mailto:dementiaactionalliance@alzheimers.org.uk)