

**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* [*dementia@southernbrooks.org.uk*](mailto:dementia@southernbrooks.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:*

South Gloucestershire Dementia Action Alliance

**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 what we can do to 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:*

[dementia@southernbrooks.org.uk](mailto:dementia@southernbrooks.org.uk)

You can telephone the South Gloucestershire Dementia Action Alliance/ Dementia Friendly community SGDAA/DFC on 01454 868570 if you would like to discuss your action in person with the SGDAA project coordinator or if you would require any support with completing your action form.