

**Expressions of Interest Form**

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| **Our commitment:**   * By completing this action plan we are showing an interest in joining the Newcastle Gateshead Dementia Action Alliance * We commit to working towards the actions below |

**Organisation / Name *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Contact Details**

|  |  |
| --- | --- |
| **Contact name / role** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Website** |  |

*Can we share your contact details?*

Yes ☐ No ☐ *with other Dementia Action Alliance members*

Yes ☐ No ☐ *within the community*

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

☐ *Arts*

☐ *Care*

☐ *Communication*

☐ *Emergency Services*

☐ *Finance*

☐ *Health*

☐ *Hospitality*

☐ *Individual*

☐ *Medical*

☐ *Membership*

☐ *Pharmaceutical*

☐ *Public sector*

☐ *Recreation*

☐ *Religious*

☐ *Research*

☐ *Retail*

☐ *Transport*

☐ *Utility*

☐ *Voluntary*

☐ *Other …………….*

*…………………………*

**Our Action Plan is:**

Please complete at least 3 actions - you can add more if required.

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| **Action 1: Title:** |
| **What we/I are going to do:** |

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| --- |
| **Action 2: Title:** |
| **What we/I are going to do:** |

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| **Action 3: Title:** |
| **What we/I are going to do:** |

**Are there any challenges to delivering these outcomes for you or your organisation/group/business?**

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|  |

**How can you overcome these challenges?**

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|  |

**Please do not hesitate to contact us for information or support**

Please **email your organisation logo**  *(if possible by e-mail in .jpg format)* & return this form to:

Donna Taylor, Director Age UK Gateshead

Donna [Taylor@Ageukgateshead.org.uk](mailto:Taylor@Ageukgateshead.org.uk)



Thank you very much for showing an interest in The Newcastle Gateshead Dementia Action Alliance.