**Action Plan**

* We want to join Lambeth Dementia Action Alliance.
* We commit to these actions:

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| **ORGANISATION NAME:**  |
| Action 1 title: |
| What we are going to do: |

|  |
| --- |
| Action 2 title: |
| What we are going to do: |

|  |
| --- |
| Action 3 title: |
| What we are going to do: |

(Please add more Actions if you like!)

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| How will you make sure that people affected by dementia receive the best possible service and help? |
| What difficulties might you face, and how will you overcome them? |

**Your contact details**

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| --- |
| Organisation: |
| Contact name: |
| Address: |
| Telephone: |
| Email: |
| Website: |
| What does your organisation do? (Maximum 50 words.) |
| Can we share this information on [www.dementiaaction.org.uk](http://www.dementiaaction.org.uk)? YES / NO |
| Your local Dementia Action Alliance: **LAMBETH** |

Please **attach your logo** and return this form to: cathi@ageuklambeth.org.

Thank you very much for joining Lambeth Dementia Action Alliance.