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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dementia Funds** | | | | | | | | | |
| **Impact Evaluation Form** | | | | | | | | **Ref: (for office use only)** | |
|  | | | | | | | | | |
| **Name of group/organisation/service:** | | | |  | | | | | |
|  | | | | | | | | | |
| **Person completing and signing this form** | | | | | | | | | |
| **Name:** |  | | | | | **Position:** | | |  |
| **Address for correspondence: Postcode:** | | | | |  | | | | |
| **Telephone number:** | | |  | | | **E-mail:** |  | | |
|  | | | | | | | | | |
| **Project details** | | | | | | | | | |
| **How much did you apply for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **What did you apply for and why?**  **When did your project start?**  **When did your project end?**  **What actions and activities have you undertaken? Please refer to your application milestones.**   |  |  |  |  | | --- | --- | --- | --- | |  | **Milestone** | **Actions completed** | **When?** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | **4** |  |  |  | | **5** |  |  |  | | **6** |  |  |  | | **7** |  |  |  | | **8** |  |  |  | | **9** |  |  |  | | **10** |  |  |  |   **Please provide a summary of the evaluation that you carried out to demonstrate whether your project has made a difference including:**   * **Data collected** * **How it was analysed** * **Findings** | | | | | | | | | |
|  | | | | | | | | | |
| **Please could you comment on how the funding has impacted one or more of the following: (Include case studies, examples, evidence, pictures etc continue on a separate sheet if necessary).** | | | | | | | | | |
| **Increase awareness and understanding of dementia** | |  | | | | | | | |
| **Increase access to information, help and support** | |  | | | | | | | |
| **Reduction of barriers to daily living** | |  | | | | | | | |
| **Improve opportunities for people with dementia to live well** | |  | | | | | | | |
| **Increase in support for carers of people living with dementia** | |  | | | | | | | |
| **Please attach any specific examples that you would like to share that illustrate the above. E.g. case studies, satisfaction surverys, questions etc.** | | | | | | | | | |

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| **Looking to the future…** |
| **Were there any unexpected benefits from receiving this funding?**  **How do you plan to sustain the activity now that this funding has finished?**  **What lessons have you learnt from the project that can be used to help others?** |
|  |
| **If you have run an activity which has benefitted individuals:** |
| Please provide a breakdown of demographic and equality monitoring detail including; age, gender, ethnicity and post code (first part of the postcode and the first digit of the second part of the postcode e.g. WF10 3). |
|  |
| **Declaration** |
| **I confirm that the information given in this evaluation is the the best of my knowledge and accurate:**  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ |

**Please return completed forms to Diane Wiggans, 7 Bank Street, Castleford, West Yorkshire, WF10 1JD.**

**Email:** [dianewiggans@ageukwd.org.uk](mailto:dianewiggans@ageukwd.org.uk)**Tel: 01977 552114**