|  |
| --- |
| **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.**  |

|  |
| --- |
| **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**Tel: 01977 552114**