**FEEDBACK REPORT**

When you applied for the Memory Activity and Support Groups Grant, you agreed to complete this Feedback Report and return it to us, together with evidence of the spend e.g. copy receipts, invoices, etc, within the time frame specified on your application form. In order to understand how the grant has helped your Group, we would like to ask you a few questions. We are passionate about assisting people with memory impairment so all feedback is valuable and may be used to secure further funding for this particular need

***Failure to submit a feedback report with all receipts may result in us asking for all or part of the grant monies to be returned and we will not be able to consider your group for any future funding until this is received.***

**If you need any help completing this form, please call us on 01736 756655**

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| --- | --- | --- |
| APPLICATION NUMBER | |  |
| Did you use the money for anything that wasn't specified in your application form? If yes, please tell us what you did differently. |  | |

**What has the grant been spent on?**

Please give us a breakdown of what your grant was spent on below, also indicating if receipts enclosed (if not please explain why)

|  |  |  |
| --- | --- | --- |
| Item/ activity | Actual Expenditure (£) | Receipts enclosed – please tick |
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|  | **Total:** |  |

**How has the grant helped your group?**

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| --- | --- | --- | --- | --- | --- |
| Please tell us how the grant has helped your members health and wellbeing and what difference this has made to them, e.g. their quality of life has improved, they are more supported, less isolated, etc  ***Please do not give any specific medical information, e.g. a health diagnosis as, under EU General Data Protection Regulations (2018) we are not permitted to hold this information***  Please include anonymous feedback/quotes from group members where available | | | | | |
|  | | | | | |
| **Has this grant**  **activity or item** | **Very much so** | **A little** | **Neutral** | **Not much** | **Not at all** |
| * **Improved members**   **quality of life** |  |  |  |  |  |
| * **Reduced the need for additional support** |  |  |  |  |  |

**If you feel this grant programme could be improved, please tell us how?**

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|  |

**CARERS STORIES**

* We would love to hear more about the impact your Group has had on members health and wellbeing and how this grant has helped them. If you would be kind enough to tell us more, we can use this information (anonymously) to show Cornwall Council and NHS Cornwall & The Isles of Scilly ICB how vital this grant is in supporting carers.

**Please note, you do not have to complete this section**

|  |
| --- |
| Could you give us a case study telling us a little bit about the impact that having memory impairment has had on your members general health & wellbeing.  ***Please do not give any specific medical information, e.g. a health diagnosis as, under EU General Data Protection Regulations (2018) we are not permitted to hold this information****.* |
| **(examples can be anecdotal)** |
| How does being part of this group support them with their health and wellbeing?  What difference has it made to them? |
| **(examples can be anecdotal)** |

**Thank you for completing this report. Please return to:** [**grants@cornwallrcc.org.uk**](mailto:grants@cornwallrcc.org.uk)