Dawlish Town Council Mental Wellbeing and Suicide Prevention Working Group

Dawish fown council Mental Weilbeing and Saleide Frevention Working Group
1.
Name of individual or person representing organisation (if you are nominating someone, please go to section 2):
Name of organisation if applicable:
Address:
Contact number:
Email:
Please complete sections 3 to 10.
2.
Nomination
You may wish to nominate an individual or organisation for the work they do to reduce loneliness in the community, please ensure they have consented to their information being given (see and sign section 10). Once complete, go to section 10.
Person/Organisation you are nominating:
Address:
Contact number:
Email:
Reason for nomination:
What are they doing? Why? With whom? What impact does this have?

3. How do you propose to tackle loneliness in your area/community/organisation?
(If you are looking for ideas, please do get in touch with the working group via admin@dawlish.gov.uk)
4.How do you think this will help?
5.Are you already carrying out these actions? If yes, what has the response been like?
6. How do you think you may be able to encourage others to identify and tackle loneliness?
7.If this is a new idea for you, how long do you think you will need to implement it and see results?
8.Are there any resources you need support with? For example, 'Do you need help?' leaflets and posters from the Town Council, promotion through social media.
9.If you are an individual under 18 years of age, please ask your parent or guardian to sign below, consenting to the statement below regarding your information. Parent/Guardian's full name:
Address:
Contact number:
Email:

10.I agree to Dawlish Town Council storing the information contained on this form, for the purposes of the O.W.L. project only, in accordance with G.D.P.R. At no time (unless there are safety concerns) will an applicant's address or contact details be shared with people or organisations outside of the Mental Health and Suicide Prevention Working Group and supporting office staff. IF NOMINATING SOMEONE, PLEASE SIGN TO AGREE THAT THEY HAVE GIVEN THEIR CONSENT TO THIS NOMINATION AND INFORMATION BEING SHARED IN THIS WAY.

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Full name:		
Signature:		
Date:		

Forms are available to download on at www.dawlish.gov.uk or can be requested from the Town Council office by telephoning 01626 863388.

Completed forms can be emailed to admin@dawlish.gov.uk or returned by post or in person to Dawlish Town Council, The Manor House, Old Town Street, Dawlish, EX7 9AP