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## Section 1 - About you and your organisation

### DETAILS

Title  
Name  
Surname  
Tel (Work)  
Email (Work)  
Address

### GMS ORGANISATION

*No Response*

## Section 2 - The Programme

**Why have you chosen this locality/service. The range of presenting issues or challenges to overcome / outcomes to achieve.**

*No Response*

**The role any suggested technology solutions would play in mitigating risks or achieving outcomes.**

*No Response*

**How your support services will use the technology and any insights/data to better support people.**

*No Response*

**A description of the proposed pathway use case and an example of a suggested case study for your proposed technology enabled approach.**

*No Response*

**How will you use technology to support the development of new or retrofitting existing homes to meet age-friendly housing design requirements.**

*No Response*

## Section 3 - Community engagement

**Please outline how your organisation would collaborate with users of services within this project. What experience do you have of**

### co-designing in this way?

Explain how you will ensure you can capture their aspirations and feedback on the support they would want to receive through enabling technology and some of their goals for everyday living (please include an example of such an engagement with residents, how were their views captured and incorporated into the follow-on activity and what was the resulting outcome and impact on both the residents and the overall service provided).

*No Response*

## Section 4 - Financial support required

Please state how much funding you require.

*No Response*

Please explain what you would use the funding for

Please explain how these funds would be used including a breakdown of funds for resourcing and funds for enabling technology solutions.

*No Response*

## Section 5 - Applicant declaration

### Applicant declaration

By checking the boxes below, you are confirming that you have read and agree to be bound by the funding agreement.

I have accessed and read a copy of the Dunhill Medical Trust's [sample funding agreement](#) and that in accepting any offer of a grant which is made by the Trust, agree to be bound by the agreement. I also understand that no alteration or waiver of those conditions can occur without written approval from the Trust.

Unchecked

I agree that the personal data relating to me shown on this form, or otherwise made known to the Dunhill Medical Trust for the purposes of making and managing grants, may be recorded by the Trust and used by it for the purposes of evaluating, monitoring and administering any such grant and for reference in connection with it and may be passed by it to individuals and/or organisations consulted by the Trust when assessing applications and monitoring grants and to the Trust's auditors.

Unchecked