

PLANNING SHEET

CIRCLE THE TYPE OF ACTIVITY YOU ARE DOING:

Helping an older member of your immediate or extended family

Other: _____

TITLE OF YOUR EVENT OR SERVICE:

AIM (WHAT DO YOU WANT TO ACHIEVE):

**RESEARCH REQUIRED, IS ACTIVE CITIZENSHIP OR HELP
NEEDED?** Tip: The best actions are well informed.

**WHO WILL YOU HELP? HOW MANY PEOPLE MIGHT IT
REACH?:**

RESEARCH THREE THINGS THAT OLDER PEOPLE WILL BENEFIT FROM YOUR ACTIVE CITIZENSHIP

What:

When:

How:

WITH WHICH SUPPORTERS:

- 1.
- 2.
- 3.
- 4.

