**Purple Star Strategy**

**Application Form**

|  |  |
| --- | --- |
| **Name and address of Service/Department** |  |
| **Date of Application** |  |
| **Name of Contact Person** |  |
| **Contact Number** |  |
| **Email address** |  |
| **Name of Service Manager** |  |
| **Contact Number** |  |

1. **How often are people with a learning disability referred to/or use your service?**
2. **How many staff do you have in your team?**
3. **Why are you applying for the Purple Star Award?**
4. **Do you have any specific worries about your service delivery to people with a learning disability?**
5. **What was your score from the 12 questions in the ‘Are you reaching for the Stars’ exercise?**

**✰ 7 or more ✰ 4 – 7 ✰ less than 4**

**Please turn over**

Any other comments?

Return form to: [purplestarstrategy@hertfordshire.gov.uk](mailto:purplestarstrategy@hertfordshire.gov.uk)

or by post to: Ground Floor, Farnham House, Six Hills Way, Stevenage, Hertfordshire, SG1 2FQ