

**ANNUAL EVALUATION REPORT**

**HEALTH PROMOTION PROJECTS - $5,000 or less**

Enter the 5-digit number

FILE NO: written on yo written on your letter of offer from Healthway

PROJECT TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ORGANISATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We encourage you to email through acquittals if possible to [Healthway@heathway.wa.gov.au](mailto:Healthway@heathway.wa.gov.au)

Your answers to these questions will be used by Healthway to evaluate the effectiveness of its funding programs as a whole. It is very important that in answering the questions you provide a FAIR AND ACCURATE account of the project. It is not expected that every project will be perfect, so please report accurately even if the project did not fully deliver against its aims.

Please also answer the Project Report section at the end of this form (Q’s 1-4), and ensure that a signed financial statement is also attached, along with any supporting materials from the project.

**1. POPULATION REACH**

Please state the number of people involved in or exposed to the project by answering the following questions;

* 1. **Organisers**

People directly associated with the project, were involved in the organisation, delivery or presentation of the activities? Include all staff, other professionals, trainers, presenters, committee members, volunteers etc

Write actual number (e.g. 10)

In questions 1.2 and 1.3 that follow, please record the actual number of people who participated. For a series of workshops or activities, this means the total number who attended - even if you know that many of these people attended more than one event throughout the series. Please do not include people whose only exposure to the project was through reading a leaflet or poster, or watching television.

**1.2 Active Participants**

Excluding organisers and people recorded in 1.1, how many other people actively participated in the activities of the project? Active participants may be adults or children, depending on the project. Include participants such as people attending training courses or workshops, and people using interactive resources or equipment.

Write actual number (e.g. 10)

**1.3 Other Participants**

Please record the number of other people involved in or exposed to the project. Excluding people who were active participants, how many other people were involved in or had contact with the activities of the project?

Other participants may be family members or associates of active participants identified in Question 1.2. Please do not include people watching on television, presenters, volunteers, and committee members etc.

Write actual number (e.g. 10)

**2. MEDIA PUBLICITY**

Did the project result in any publicity, advertising or news coverage, in the print, radio, television, electronic or other media? (Please include copies or examples where possible with the acquittal report) If yes, please go to question 2.1.

Tick one

No

or Yes

**2.1** Which media were used to communicate the project or campaign? (e.g community

newspaper)

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**3. PUBLICATIONS**

Has the Healthway project resulted in any in-house newsletter, article, report or paper describing its results?

Tick one

No

or

Yes

If answer is yes, please briefly describe publications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. EDUCATIONAL ACTIVITIES**

Did any educational activities take place as part of the project? Educational activities are interactive activities involving personal communication about a health issue between the people delivering the project and the participants.

These include presentations and discussions, training workshops, demonstrations, health check-ups, or interactive web-site activities.

Tick one only

No

Yes (Please answer 4.1 to 4.3)

**4.1 Education Reach**

How many people received interactive educational or skills-development activities as part of

the project?

**4.2 Education Frequency**

On average, how many education or skills-development sessions did each person recorded in question 5.1 participate?

Write actual number

(None = 0)

How many education or skills- development sessions were delivered in total?

**4.3 Education Duration**

On average, how long was a typical interactive educational activity or skills development session recorded in 5.2?

Write actual number

In minutes (1 hour = 60)

**Thank you for completing this form accurately**

**Please continue over page to complete your report**

**Project Report**

Please provide a short report on your Healthway-funded project using the following headings in the space provided. There is no need to provide additional pages unless extra space is required for some responses.

**1. OBJECTIVES AND STRATEGIES**

**1.1 What were the objectives of the project?**

**Please refer to the objectives described in your original application to Healthway**

**1.2 What strategies were used to achieve the objectives?**

**1.3 What happened? Comment on whether the objectives were achieved or not, with short explanations where necessary.**

**Please continue…………….**

**1.4 What lessons were learned? What might you do differently next time?**

**2. EVALUATION**

**2.1 How did you evaluate the project? What were the results?**

**3. SUSTAINABILITY**

**3.1 Will any aspects of the project continue now Healthway funding has finished? Please describe briefly.**

**4. BUDGET**

**(Please provide an income and expenditure statement showing a full breakdown of - expenditure for your Healthway grant for the project. The income and expenditure statement must be certified by the responsible officer for your organisation)**

I certify that the financial statement is a true and accurate statement of financial income and expenditure relating to the running of the health project.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifying Officer

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_