# DOC 22/5181

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| 2022 ALLIED HEALTH CROSS BOUNDARY GRANT PROGRAM |
| **Evaluation report guide** |

This template can be used to assist you to prepare your evaluation report prior to entering onto survey monkey using this link[**https://www.surveymonkey.com/r/CrossBoundary2022**](https://www.surveymonkey.com/r/CrossBoundary2022)

**Please do not email this report to HETI as it must be entered into survey monkey using the above link**

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| APPLICATION DETAILS | | |
| 1. **Name person completing report:** |  | |
| 1. **Local Health District/Network** |  | |
| 1. **Name of group** |  | |
| 1. **Title of Cross Boundary activity** | | |
|  | | |
| 1. **Cross Boundary Application number ( see notification email to find this number)** | |  |
| LEARNING ACTIVITY DETAILS | | |
| 1. **Date of Cross Boundary activity** | |  |
| 1. **Number of people who participated in Cross Boundary activity** | |  |
| 1. **Disciplines of people who attended the Cross Boundary activity** | | |
| |  |  |  | | --- | --- | --- | | * Allied Health Assistant | * Art Therapy | * Audiology | | * Aboriginal Health Worker/ Practitioner | * Counselling | * Dietetics & Nutrition | | * Diversional Therapy | * Exercise Physiology | * Genetic Counselling | | * Music Therapy | * Nuclear Medical Tech. | * Occupational Therapy | | * Orthoptics | * Orthotics & Prosthetics | * Pharmacy | | * Physiotherapy | * Play Therapy | * Podiatry | | * Psychology | * Radiation Therapy | * Radiography | | * Sexual Assault | * Social Work | * Speech Pathology | | * Welfare |  |  | |  |  |  | | * Medicine | * Nursing & Midwifery |  | | * Other (please specify) è |  | | | | |
| 1. **How was this training delivered?** | | |
| * **Face to face as originally planned** * **Virtually as originally planned** * **Adapted to virtual delivery due to Covid restrictions** * **Other** | | |
| 1. **If the training was delivered virtually, what were the benefits of participating virtually?** | | |
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| 1. **If the training was delivered virtually, what were the challenges of participating virtually?** | | |
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| EVALUATION | | |
| 1. **Please describe the methods of evaluation** | | |
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| 1. **Please provide a summary of evaluation results (to date) of the Cross Boundary activity (please include the data collection method, use of evaluation results and dissemination method)** | | |
|  | | |
| 1. **How has the Cross Boundary activity changed or improved workplace/clinical practices? (Please provide specific examples)** | | |
|  | | |
| 1. **What longer term evaluation is planned for this activity?** | | |
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| 1. **Is there any additional information you would like to provide to HETI as a part of this evaluation report?** | | |
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