# 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:**
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| 1. **Local Health District/Network**
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| 1. **Name of group**
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| 1. **Title of Cross Boundary activity**
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| 1. **Cross Boundary Application number ( see notification email to find this number)**
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| LEARNING ACTIVITY DETAILS |
| 1. **Date of Cross Boundary activity**
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| 1. **Number of people who participated in Cross Boundary activity**
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| 1. **Disciplines of people who attended the Cross Boundary activity**
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| * Allied Health Assistant
 | * Art Therapy
 | * Audiology
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| * Aboriginal Health Worker/ Practitioner
 | * Counselling
 | * Dietetics & Nutrition
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| * Diversional Therapy
 | * Exercise Physiology
 | * Genetic Counselling
 |
| * Music Therapy
 | * Nuclear Medical Tech.
 | * Occupational Therapy
 |
| * Orthoptics
 | * Orthotics & Prosthetics
 | * Pharmacy
 |
| * Physiotherapy
 | * Play Therapy
 | * Podiatry
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| * Psychology
 | * Radiation Therapy
 | * Radiography
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| * Sexual Assault
 | * Social Work
 | * Speech Pathology
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| * Welfare
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| * Medicine
 | * Nursing & Midwifery
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| * Other (please specify) è
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| 1. **How was this training delivered?**
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| * **Face to face as originally planned**
* **Virtually as originally planned**
* **Adapted to virtual delivery due to Covid restrictions**
* **Other**
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| 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)**
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| 1. **How has the Cross Boundary activity changed or improved workplace/clinical practices? (Please provide specific examples)**
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| 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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