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| 2016/17 ALLIED HEALTH WORKPLACE LEARNING GRANT PROGRAM |
| Evaluation Report |

Please complete this evaluation report and send it to [HETI-Scholarships@health.nsw.gov.au](mailto:HETI-Scholarships@health.nsw.gov.au) by **Friday 26 January 2018.** Alternatively this evaluation can be completed online at: <https://www.surveymonkey.com/r/Z6LG9M9>

The information provided may be used as part of a broad evaluation of this program.

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| --- | --- | --- |
| **Person completing report:** | Click here to enter text. | |
| **Local Health District / Network:** | Click here to enter text. | |
| **Name of team / group:** | Click here to enter text. | |
| **Title of WPL activities:** | Click here to enter text. | |
| **WPL Application number** | Click here to enter text. | |
| **Location of WPL activities:** | Click here to enter text. | |
| **Date of WPL activities:** | Click here to enter text. | |
| **Number of people who participated in WPL activities:** | Click here to enter text. | |
| **Disciplines of people who attended the workplace learning activities:** | Allied Health Assistants | Art Therapy |
| Audiology | 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 |
| Other (please specify) |  |
| Brief description of WPL activities (may be copied from application) *(100 words)* | | |
| Click here to enter text. | | |
| Brief justification for WPL activities (may be copied from application) *(100 words)* | | |
| Click here to enter text. | | |
| Description of how this activity met the workplace need: *(100 words)* | | |
| Click here to enter text. | | |
| Description of the methods of evaluation: *(100 words)* | | |
| Click here to enter text. | | |
| Evaluation results (to date) of the WPL activity: *(200 words)*  *Please include the data collection method, use of evaluation results and dissemination method* | | |
| Click here to enter text. | | |
| How have the WPL activities changed or improved workplace / clinical practices?  (Please provide specific examples) *(200 words)* | | |
| Click here to enter text. | | |
| What longer term evaluation is planned for this activity? *(100 words)* | | |
| Click here to enter text. | | |