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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 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.   |