# DOC 18/18514

|  |
| --- |
| 2018 ALLIED HEALTH WORKPLACE LEARNING 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/JSVT6QY>. The 2018 evaluation report is due cob on 26th July 2019.

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

|  |  |  |
| --- | --- | --- |
| APPLICATION DETAILS | | |
| 1. **Name person completing report:** |  | |
| 1. **Local Health District/Network** |  | |
| 1. **Name of team/group** | | |
|  | | |
| 1. **Title of workplace Learning activity** | | |
|  | | |
| 1. **Workplace Learning Application number** | |  |
| LEARNING ACTIVITY DETAILS | | |
| 1. **Location of Workplace Learning activity** | | |
|  | | |
| 1. **Date of Workplace Learning activity** | |  |
| 1. **Number of people who participated in Workplace Learning activity** | |  |
| 1. **Disciplines of people who attended the workplace learning 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) 🡺 |  | | | | |
| EVALUATION | | |
| 1. **Please provide a brief description of the Workplace Learning activity (may be copied from application)** | | |
|  | | |
| 1. **Please provide a brief justification for the Workplace Learning activity (may be copied from application)** | | |
|  | | |
| 1. **Please describe how this activity met the workplace need** | | |
|  | | |
| 1. **Please describe the methods of evaluation** | | |
|  | | |
| 1. **Please provide a summary of evaluation results (to date) of the Workplace Learning activity (please include the data collection method, use of evaluation results and dissemination method)** | | |
|  | | |
| 1. **How has the Workplace Learning activity changed or improved workplace/clinical practices? (Please provide specific examples)** | | |
|  | | |
| 1. **What longer term evaluation is planned for this activity?** | | |
|  | | |
| 1. **Is there any additional information you would like to provide to HETI as a part of this evaluation report?** | | |
|  | | |