**Summary report on key activities**

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| --- | --- |
| **PHN:** |  |
| **Report prepared by:** |  |
| **Report authorised by:** |  |
| **Date submitted:** |  |

Please submit report to: [jen.francis@nwmphn.org.au](mailto:jen.francis@nwmphn.org.au)

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| **Overall feedback on the project** | **Key points** |
| What were the key successes for your PHN |  |
| Supports and enablers – what helped the project? |  |
| Barriers – what hindered the project or made it more difficult? |  |
| Any other general feedback? |  |

**Provide evidence of development and implementation of communications plan**

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| **Communication activities**  Provide details of activities, including communication mode and/or channel(s) | **Target audience & expected reach** | **Key messages** | **Timeframes and/or frequency of promotion** | **Comments** |
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**Delivery and evaluation of two education activities**

**Activity 1:**

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| **Type of activity** | **Activity details** | **Registrations** |
| Face to face session, webinar, promotion of recorded webinar, integration in other education session, other (specify) | Date, time (and duration), location | Number of registrations  Number of attendees  Breakdown of attendance by position (GP, nurse, etc) |
| **Evaluation – survey results** | | |
| Survey results (if local session/webinar) – provide details of results or attach copy of completed evaluation surveys | | |
| **Evaluation – promotion/communications** | | |
| Commentary on effectiveness of promotion/communications plan | | |
| **Other comments/feedback** | | |
|  | | |

**Activity 2:**

|  |  |  |
| --- | --- | --- |
| **Type of activity** | **Activity details** | **Registrations** |
| Face to face session, webinar, promotion of recorded webinar, integration in other education session, other (specify) | Date, time (and duration), location | Number of registrations  Number of attendees  Breakdown of attendance by position (GP, nurse, etc) |
| **Evaluation – survey results** | | |
| Survey results (if local session/webinar) – provide details of results or attach copy of completed evaluation surveys | | |
| **Evaluation – promotion/communications** | | |
| Commentary on effectiveness of promotion/communications plan | | |
| **Other comments/feedback** | | |
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