



## Event/Activity Record

To be completed by Health Advocate(s)

**1. Brief Description of event/activity:** (include any health topics covered)

**2. Is the event or activity (please tick):**

One-off

Short Course

Frequency? .....

Ongoing Activity

Frequency? .....

Is it linked to a local or national campaign? If yes, please specify:

.....

**3. Who is running the activity?**

Health Advocate/s

Colleague (please specify)

.....

External contact eg. Life Check provider (please specify)

.....

**4. How was it advertised?**

Posters/flyers

Internal website/newsletter

E-mail

Other (specify) .....

**5. Who was target audience?**

All employees

Employees and families

Specific group (specify) .....

**6. Please provide the following details:**

Number of participants:	
Gender mix (if possible):	
Age range: (if possible):	

**Key learning from feedback reports:**

**Please complete this form for each event/activity and include in your portfolio as evidence.**

