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.