**Health agency report workshop two**

|  |  |
| --- | --- |
| Program number: |  |

|  |  |
| --- | --- |
| Name of Program: |  |

|  |  |
| --- | --- |
| Date of Program: |  |

Please tick your response:

|  |  |  |
| --- | --- | --- |
|  |  | Copy of excel spreadsheet as per the facilitator manual with participants contact details including reason for those that did not attend sent to NCFH |

|  |  |  |
| --- | --- | --- |
|  |  | Photos of the workshop two have been provided to NCFH |

|  |  |  |
| --- | --- | --- |
|  |  | All data collected and sent to NCFH |

|  |  |  |
| --- | --- | --- |
|  |  | Farm safety survey |

|  |  |  |
| --- | --- | --- |
|  |  | Pre and post knowledge  |

|  |  |  |
| --- | --- | --- |
|  |  | Action plans |

|  |  |  |
| --- | --- | --- |
|  |  | Course Evaluation Form |

|  |  |  |
| --- | --- | --- |
|  |  | All media clippings collected and sent to NCFH |

|  |  |  |
| --- | --- | --- |
|  |  | Access to the health records provided to NCFH for data collection |

Name of person completing this form:

Position:

Contact number:

Please complete the following questions (be reflective in your answers):

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| --- |
| What your program did well: |
|  |

|  |
| --- |
| What your program could do better: |
|  |

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| --- |
| Your comments on the SFF process to date: |
|  |