**Health agency report workshop one**

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

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

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

**Please tick when completed:**

* Copy of document control (excel spreadsheet) as per the facilitator manual with participants contact details sent to Western District Health Service
* Hamilton Charter for Farmer Health
* Letter sent to local Government
  1. Endorsement received

❑ Yes ❑ No – please provide reason

* Letter sent to local PCP

1. Endorsement received

❑ Yes ❑ No – please provide reason

* Letter sent to SFF program Industry group

1. Endorsement received

❑ Yes ❑ No – please provide reason

* Photos of the workshop one have been provided to Western District Health Service
* All data / surveys collected and given to / sent to Western District Health Service
* Farm safety survey
* Alcohol survey
* Life assessment form
* Action plans
* Workshop Evaluation Form
* All media clippings collected and sent to Western District Health Service
* SFF program
* Hamilton Charter
* Access to the health records provided to Western District Health Service for data collection
* One (1) case study provided to WDHS– include Who/What/Where/Why/Contact details (**this is mandatory)**

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

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| --- |
| Positive aspects of your program: |
|  |

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

|  |
| --- |
| Improvements (or successes) to the SFF process to date: |
|  |

Name of person completing this form:

Position:

Contact number:

**This report is to be completed in full and sent to WDHS within one month post workshop.**