WORKSHOP DELIVERY REPORT

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| **Your name:**  **LHD:** |  | | **Date:** | |
| The purpose of this report is to provide regular updates on the delivery of the Essential Youth Healthcare Skills workshop to the Youth Health and Wellbeing Team in the Maternity, Child, Youth and Paediatrics unit of the NSW Ministry of Health. Please provide this report for each Essential Youth Healthcare Skills workshop that you deliver within two weeks of completing each workshop and send it to:  Youth Health and Wellbeing Team Maternity, Child, Youth and Paediatrics Unit NSW Ministry of Health LMB 961 North Sydney NSW 2059 | | | | |
| Activity | | Response | | Comment (as needed) |
| Number of workshops held since the introduction of Essential Youth Healthcare Skills Workshops (accumulated total) | |  | |  |
| FOR EACH WORKSHOP please complete the following | | | | |
| Date of the workshop | |  | |  |
| Location of workshop  (postcode or suburb) | |  | |  |
| Recruitment strategies  used for this workshop | |  | |  |
| Number of participants who enrolled in the workshop | |  | |  |
| Number of participants who attended the workshop | |  | |  |
| Number of completed  pre-workshop evaluation  forms received | |  | |  |
| Number of completed post workshop evaluation forms  received | |  | |  |
| What do you think worked well  in the training? | |  | | |
| Do you have any suggestions / recommendations as to how the training could be improved? | |  | | |