**Choice Not Chance Community Fund**

**Feedback form**

**General**

Recently you held an initiative supported by the *Choice Not Chance* community fund. In exchange for the Health Promotion Agency (HPA) providing this funding, you agreed to share outcomes from your event. These outcomes will:

* enable you to reflect on the approach you used to determine what worked and what didn’t work
* mean that we can share experiences with other services that are doing similar work in other parts of the country
* enable HPA to learn more about how it can better support organisations like yours.

**Application process**

Please fill out, scan and send your fully completed feedback form and final invoice via email to – info@choicenotchance.org.nz

Please note:

* The invoice must meet the following requirements <http://www.ird.govt.nz/yoursituation-bus/running/recordkeeping/recordkeeping-taxinvoiceillustration.html> and be addressed to:
* The Health Promotion Agency

Level 16, ASB House,

101 The Terrace

Wellington 6011

* Completion of this feedback form is required before final payment is made.

***Choice Not Chance* community fund**

The purpose of this feedback form is to reflect on your project and the outcomes for your community. This may be shared with the minimising gambling harm sector to provide examples of successful activities and events.

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| What is the name of your organisation? |  |
| What is the name of your initiative? |  |
| What partners did you work with? |  |
| What types of people saw or participated in the initiative?  | [eg, ethnicity, age ranges, approximate numbers of people] |
| Please provide a brief overview of the initiative  | [What did you do?] |
| What were your goals and objectives? |  |
| How did your activities help you achieve your goals? | [Please list] |
| How did you evaluate the success of your initiative? | [Please provide results from your survey of those attending the event measuring their recall of key messages, and any action they take as a result eg, would tell a friend, visit the *Choice Not Chance* website]  |
| How did your initiative link in with the Gambling Harm Awareness Week national activity?  |  |
| Did you produce any materials (eg, flyers, posters, evaluation forms) to support the event/activity? | [If yes, please describe and provide copies if possible] |
| Did you receive any media coverage (eg, radio promotion, community papers)?  | [If yes, please describe and provide copies if possible] |
| Did you take photos/video footage? | [If yes, please provide copies (electronic or hard copy) if possible] |
| Describe how you incorporated *Choice Not Chance* materials into this initiative | [Eg describe how materials were used in activities, prizes, event promotion] |
| What were the key learnings from this initiative?  | What were the most effective aspects?Why?  |
| What were the least effective aspects? Why? |
| What would you do differently? |
| Is there anything else that you would like to add? |  |
| Name of submitter: |  |
| Date: |  |