



NSW Association for Youth Health Inc (NAYH)

PO Box M178, Missenden Road NSW 2050  
Ph: 02 9351 0956 Fax: 02 9351 0955  
www.nayh.org.au

Email: eo@naah.org.au  
ABN: 411 2093 2447

Funded by NSW Department of Health

**NSW Association for Youth Health Inc.  
Capacity Building Grants - Evaluation Form 2010**

Following attendance at the training workshop, conference or professional development opportunity, please complete the following Evaluation Form and send to:

NSW Association of Youth Health (NAYH)  
PO Box M178  
MISSENDEN ROAD NSW 2050

Name:	
Position/title:	
Organisation:	
Email:	Phone:

*Please complete the following questions in regards to the training workshop, conference or professional development opportunity that was attended using the NAYH Capacity Building Grant:*

1. What was the name, date and type of professional development opportunity attended: (a) Name: (b) Date: (c) Type: <input type="checkbox"/> Training workshop <input type="checkbox"/> Conference <input type="checkbox"/> Other, please specify:
2. Please describe the training workshop, conference or professional development opportunity that you attended and how it relates to your work.
3. Approximately how many people attended the training workshop, conference or professional development opportunity?

4. Please describe the paper and/presentation that you conducted at the training workshop, conference or professional development opportunity (if applicable). Please attach a copy of the paper or poster that you presented.

5. Approximately how many people were actively involved in your presentation (if applicable)? Include participants who attended your presentation/workshop plus others who contacted you for further information. Please provide breakdown of how many young people aged 12 to 25 years were involved.

6. Did your presentation, or conference attendance, result in any printed publications (such as newsletter articles, reports or papers). If yes, please describe the publication and attach a copy of article/report/paper etc.

7. Comment on any feedback you received regarding your presentation.

8. Briefly describe how this Capacity Building Grant has benefited your professional development and the service/staff where you work.

9. Other comments:

10. Please provide a copy of your budget or financial statement:

**I certify that the financial statement is a true and accurate statement of financial income and expenditure relating to the Capacity Building Support Scheme.**

**Signed:**

**Date:**

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*Certifying Officer*

**Print name:**

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