



Health Careers Day Grant Program

Final Report Template

Return to Nishnawbe Aski Nation within two (2) weeks of project completion and no later than March 17, 2010.

Contact Name: _____

Title/Position: _____

Community/Group: _____

Address: _____

First Nation: _____

Postal Code: _____

Telephone: _____

Fax: _____

Email Address: _____

Name of Event:	
Date of Event:	
Location:	
Exhibitors:	1. 2. 3. 4. 5.
# of Participants:	
Participant Demographics (check all that apply)	<input type="checkbox"/> Elementary Students <input type="checkbox"/> High School Students <input type="checkbox"/> Parents <input type="checkbox"/> Teachers <input type="checkbox"/> Community Members <input type="checkbox"/> Adult Learners <input type="checkbox"/> Elders
Guest Speakers: (Name, Title, Organization)	1. 2. 3. 4. 5.

1. What did your community/organization do for your Health Careers Day?

2. In your opinion, did you meet the goals/outcomes you set for the Health Careers Day?
How/why or why not?

3. If your event included a guest speaker(s), were they appropriate for the program?

4. Did your organization/community partner with another organization/community for your Health Careers Day?

5. Please describe any challenges that were experienced during the planning and implementation of the Health Careers Day activity?

6. Overall, how would you rate your Health Careers Day activity? (please check one)

Very successful	Successful	Somewhat Successful	Not successful at all

7. Please describe any follow up activities/events planned?

8. Please attach copies of receipts for equipment and/or supplies that were purchased and copies of invoices for individuals contracted for services (e.g. speaking fees, workshop facilitation, etc.).

9. Additional comments:
