## ACTIVITY SUMMARY SHEET TEMPLATE

This form demonstrates the format of the activity summary sheet

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| Activity/Work area title  |  *Name of the project / work* |
| Name  |  |
| Placement / Employment / Training location |   |
| Evidence included |  |  |
| Description of evidence e.g. Letter to GPs inviting them to participate in locally enhanced service; e-mail from trainer; report. | Date of the activity  |
| *1.1 - health needs assessment report*  | *01/01/2022* |
| *1.2 - Presentation to the Board on the recommendation* | *04/02/2022* |
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| Kay Areas claimed |  | Explanation *Describe how the evidence listed above meets each key area* | Evidence *List the evidence that backs the claim*  |
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| --- | --- |
| Background  | Describe the background to the activity. Include context and public health relevance of the activity. |
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| Aims and objectives  | Clear summary of expected gains from this activity. |
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| Personal contribution/ roles and responsibilities  | What role did you play in the work? What other support did you need to complete the activity? |
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| Methods  | Brief summary of methods used to carry out the work. Link these in the next column to the pieces of evidence where they can be seen.  | Evidence |
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| Involvement of others  | *Which other individuals/agencies were involved in the work? What did you learn from linking with them?* |
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| Results  | *For some activities the work will have both results and outcomes. Here describe results – e.g. a needs assessment might show a particular population group having iniquitous access to services.* |
|   |
| Outcome  | *Here describe the activity outcomes including feedback to others. Were the aims and objectives met? What changes/action resulted from the activity?* |
|   |
| Academic reflection  |  |
| Backing literature  |   |
| How will you disseminate this work/finding/learning  |   |
|  Personal Reflection  | *This is a very important section of the summary and will allow the registrar to take maximum learning from the work. Describe what went well and what could be improved upon. What did you learn from this? How will this activity affect what you do in future practice?* |
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| Supervisor / Line manager confirmation (optional) | *Your supervisor / line manager should sign to confirm that the work described supports the Key Area/s* |
|  |
| I confirm that this work supports the learning outcomes claimed (optional) | Supervisor / Line manager’s name  | Date  |