

Active Thames Grants 2021-2022

Monitoring and Evaluation Form

Purpose

This form will provide essential feedback for Active Thames, demonstrating the impact which the funding has had. Please use the sections below to provide information on:

- project details
- participants/beneficiaries
- the workforce behind the project
- successes and challenges

Please complete this form when your project has concluded and seek feedback from those who delivered the project and the participants who benefitted from it.

Data

This form will be shared with the Active Thames partners: Active Essex, Active Kent and Medway, London Sport, British Canoeing, British Rowing, RYA, Canal & River Trust, Thames Path National Trail, and the Port of London Authority.

Aggregated data on your participants and workforce will be made public, as will any case studies and images you provide. Please only share the names and photographs of individuals where you have their consent to do so.



Project details

1. Organisation name:
2. Your name:
3. Your email address:
4. Project start date:
5. Project end date, if applicable:
6. What waterway(s) did your project take place on?
7. What has the impact of your project been?
 Please consider how it has had an impact on individuals, the local community, the waterway, and your organisation as a whole.
Please consider any benefit to the overall health of individuals, including mental health:

8. Is there any further support you require to achieve your goals? If so, what?

Participants/beneficiaries

9. Total number of participants/beneficiaries:

10. Total nu	mber of	sessio	ns delivered	:					
11. Number	of session	ons cai	ncelled and r	eason(s) wh	y:				
12. Gender	which pa	articipa	ants identify	with:					
	Female)		Ma	le			Transgend	ler
Insert numbe category			n each						
13. Age of p	articipar 16-2	1	25-34	35-49	50-64		65-74	75-84	85+
14. Ethnicity Of Asian o British etl	r Asian	Of BI Car Bla	pants identify ack, African, ribbean or ack British ethnicity		ethnic		Of White ethnicity	_	other ethnic groups
15. Disabilit	ies which	•	cipants ident	ify with:	n Mer	atal	Physical	None	Multiple
visually impaired	hear impair	ing	difficulties		hea	lth	disability		disabilities
					•			•	

Workforce

17. Please use the categories below to tell us about your workforce

Female	Male	Transgender

18. Age:

0-15	16-24	25-34	35-49	50-64	65-74	75-84	85+

19. Ethnicity:

Of Asian or Asian British ethnicity	Of Black, African, Caribbean or Black British ethnicity	Of Mixed or Multiple ethnic group	Of White ethnicity	Any other ethnic groups

20. Disabilities:

Blind or visually impaired	Deaf or hearing impairment	Learning difficulties	Long term health condition	Mental health difficulties	Physical disability	None	Multiple disabilities



Successes and Challenges

24. What have been the key	/ successes of this pro	oject?	
25. What have been the cha	allenges and, if applica	able, how did you overc	ome them?
26. Please rate your overall have any:	satisfaction with the	funding process and pro	ovide comments on it if you
☐ Excellent	☐ Good	☐ Poor	☐ Very poor
27. Please provide any othe	r comments or feedb	ack below:	
Thank you for com	pleting this form. Pl	lease return it to <u>jenn</u>	y.cooper@pla.co.uk