

Active Thames Grants

Monitoring and Evaluation Form 2024-2025

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 & 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. How has your project helped to improve people's overall health and wellbeing (including physical and/or mental)? [200-word min.]
- 8. How has your project impacted the broader community (including through fostering greater community connections, reducing social isolation, encouraging relationship-building, etc.)? [200-word min]
- 9. How has your project maintained a clean and safe river and/or increased awareness of the natural environment? [150-word min.]
- 10. How has your project impacted the watersports workforce? [150-word min.]
- 11. How has your project helped to increase diversity and participation in sport? [200-word min.]
- 12. Is there any further support you require to achieve your goals? If so, what?

Participants/Beneficiaries

- 13. Total number of participants/beneficiaries directly benefitting from project:
- 14. Total number of workforce developed through the project: (NB: if funding did not go directly to training/qualifications/other workforce development, the answer to this question should be zero)
- 15. Total number of sessions delivered:
- 16. Number of sessions cancelled and reason(s) why:
- 17. Gender which participants identify with:

Female	Male	Transgender

15. Age of participants:

0-15	16-24	25-34	35-49	50-64	65-74	75-84	85+
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16. Ethnicity which participants identify with:

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

17. Disabilities which participants identify with:

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

Workforce

18. How many people helped deliver this project, and what was their involvement in the project?

Please use the categories below to tell us about your workforce:

21. Gender:

Female	Male	Transgender

20. Age:

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

21. 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



22. Disabilities:

Blind or visually impaired	Deaf or hearing impairment	Learning difficulties	Long term health condition	Mental health difficulties	Physical disability	None	Multiple disabilities
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23. Please p	rovide at least	one case stud	y: [200-word i	min.]			
24. Please p	rovide at least	3 positive quo	otes from parti	icipants:			
25. Please p	rovide at least	3 photos of A	ctive Thames f	unded activity	' :		
26. Please confirm that all participants shown in the photos above gave their permission to be photographed:							
☐ Participa	nts gave permi	ission to be ph	notographed				
		Suc	cesses and C	hallenges			
24. What ha	ive been the ke	ey successes o	f this project?				
25. What ha	ive been the ch	nallenges and,	if applicable, I	now did you ov	vercome the	em?	
26. Please ra have any:	ate your overal	l satisfaction v	with the fundii	ng process and	l provide co	mments	on it if you
□ E	excellent	☐ Good	d	□ Poor		□ Ver	/ poor
27. Please p	rovide any oth	er comments	or feedback bo	elow:			
Thank v	ou for complet	ting this form	Please return	it to the Imn	act and Pari	nershin	s Officer:

Emmeline.endresen@pla.co.uk