



BHF National Centre
physical activity+health



East Midlands
Public Health



SPORT, PHYSICAL ACTIVITY & HEALTH INITIATIVES

Please could you take a little time to fill in this questionnaire. We would like to know about any initiatives that you are involved in which are designed to promote physical activity and/or sport directly or in-directly. For example: Direct involvement - GP Exercise Referral, Walking Schemes, Green Gyms, Cardiac Rehabilitation and Falls Prevention; Indirect involvement- Strategic Planning, Sustainable Transport Planning, School Travel, Healthy Living Centre & Weight Management Schemes.

If you are **NOT** involved in any relevant work we would be grateful if you could fill in your contact details, tick the box at the rear of this questionnaire and return it via email or in envelope provided.

To ensure we obtain information on all project/initiative/policy/strategy, please complete this form even if you are aware that other partners are providing this information.

TITLE OF PROJECT:

AIM(S) OF PROJECT (Please identify what you aim to achieve with this project):

TARGET GROUP (Please list the population group whom this project is for e.g. young Asian women [10-16 years]):

SETTING (Please identify the focus/ main setting for the project e.g. schools, workplace, community care setting):

Private Sector: _____

Education: _____

Other, e.g. Social Services _____

LENGTH AND STAGE OF PROJECT (Please identify the duration of the project and state what stage the project is at, e.g. beginning/ mid-term/completion):

INTENTIONS FOR EVALUATION (Please state whether you plan to evaluate this project and indicate how and when you plan to evaluate the project):

EVIDENCE OF EFFECTIVENESS (Please list any evidence you have on the effectiveness of this project):

COSTS/FUNDING (Please list the overall cost of this project and identify the source(s) of funding):

LONG-TERM SUSTAINABILITY (Please outline any planned/future developments for this project, lessons learned and key recommendations for colleagues):

LEAD PERSON (Please identify the lead person for the project):

Name: _____

Organisation: _____

Address: _____

_____ Postcode: _____

Tel No. _____ Email: _____

OTHER CONTACTS (Please give details for any other members of your team who are involved in promoting physical activity and/or sport, e.g. Mental Health Specialist, Older Adults Specialist):

CASE STUDY:

Would you be happy for this project to be used as an example of good practice? **Yes/No**

Would you be happy for this project and your contact details to be included on a database for other professionals? **Yes/No**

Thank-you for taking the time to complete this questionnaire.

Please return the completed questionnaire to: Kim Buxton, BHF National Centre for Physical Activity and Health, Loughborough University, Epinal Way, Loughborough, Leicestershire. LE11 3TU. Tel: 01509 223267 Fax: 01509 223972