

“Through the Tubes” Activity Report

To be completed by Safe Sleep Champions

The *Safe Start* programme is partly funded by the Ministry of Health. For reporting reasons, Change for our Children asks that those participating in passing on ***Through the Tubes*** education, complete this form and email / send it to:

Change for our Children Ltd, PO Box 36406, Merivale, Christchurch.

To monitor participation by the various professional groups, please indicate the practice status of participants as: M=midwife, N=nurse, W=whanau worker, A=allied health, D=doctor, O=other. In this way we are all accountable for the resource allocated to this programme. Thank you

Session details

Name of Presenter :	Session Date :
Organisation :	Session Length : minutes
City/Town :	DHB :
No. Attending (list names below):	No. of evaluation forms attached :

Presenter's Evaluation

Issues raised :

Signed (Presenter):

Signed (Manager):

List of Participants

Professional Group

1

2

3

4

5

6

7

8

9

10

Summary: Midwife ____ Nurse ____ Whanau worker ____ Allied health ____ Doctor ____ Other ____

NB: Please attach participants' evaluation forms