ITA health promotion activity - Planning template

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| **Intern name** | Click or tap here to enter text. | **Ahpra registration** | Click or tap here to enter text. |
| **Intern training program** | Click or tap here to enter text. | **Stage of internship** | [ ]  0-3 months [ ]  3-6 months[ ]  6-9 months [ ]  9-12 months |

About this form

This form is to be used to support and guide interns through the selection and planning process for an appropriate and relevant activity (health promotion, health service, public health initiative).

Instructions for interns

Work through the questions in this template to help you plan your activity. Record your responses for each question in the space provided. You do not need to complete the template in one session, or even in order of the sections, but should use them to guide the research and reflection which leads you to select and plan the activity. Use the information you document in this template as a means of structuring discussions with your supervisor on refining the plan. The template does not need to be overly detailed, and dot points are entirely acceptable. Information included in this template may be copied directly into the Report and Evaluation Template where appropriate.

Instructions for supervisors

Use this template to guide the intern in the issues they need to consider in selecting and planning an appropriate health promotion activity. Schedule regular discussions with the intern to assist them to progress in planning the health promotion activity.

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| **1. Target audience (who is this activity intended for?) This MUST be patients or direct care recipients, not other health care workers or staff. Projects directed at staff or care givers are not acceptable for this activity.** |
| Click or tap here to enter text. |

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| **2. Needs analysis (what does my research suggest about the needs of my target audience?)** |
|  Click or tap here to enter text. |

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| **3. Choice of activity, and rationale (what am I planning to do and why?)** |
|  Click or tap here to enter text. |

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| **4. Cultural considerations (what do I need to be aware of in relation to my target audience e.g., Indigenous, CALD,****disability etc.?) How will I take account of these considerations? Are there any aspects which might require ethics approval (specialist advice may be needed)?** |
| Click or tap here to enter text. |

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| **5. Goals of the activity (what do I want to achieve?)** |
| Click or tap here to enter text. |

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| **6. Timing and duration of activity (when will it run and how long will it last?)** |
| Click or tap here to enter text. |

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| **7. Resources needed, including an estimated budget (what do I need to make this activity happen?)** |
| Click or tap here to enter text. |

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| **8. Activity details (what will the activity look like?)** |
| Click or tap here to enter text. |

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| **9. Other interested parties (what individual, groups or organisations could be interested in participating?)** |
| Click or tap here to enter text. |

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| **10. Marketing and advertising (how will I reach my target audience?)** |
|  Click or tap here to enter text. |

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| **11. Follow-up (will I need to follow up or refer participants, and if so, how, and when?)** |
| Click or tap here to enter text. |

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| **12. Feedback (how will I obtain feedback from participants?)** |
| Click or tap here to enter text. |

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| **13. Any other notes or comments relating to this activity?** |
| Click or tap here to enter text. |

**Supervising pharmacist name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.