Healthy Workplaces Physical Activity Funding Scheme

 Please complete this form on completion of your project

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| **Question** | **Response** |
| What is the name of your workplace? |  |
| Who is the contact for this project (please provide email) |  |
| What was the name of your physical activity intervention? |  |
| How much funding was provided? |  |
| How did you spend the funding? |  |
| How many participants benefited from the intervention ? |  |
| What were your results from your pre and post intervention physical activity questionnaires? |  |
| How would you describe the impact of your intervention on employee health and wellbeing? |  |
| How will you continue with physical activities within your workplace now the funding period has finished?  |  |
| How do you rate the overall physical activity funding scheme for workplaces? (on a scale of 0-5, where 5 is excellent and 0 is terrible)  |  |
| Are you happy to provide some photos / short video of your intervention for us to use on our website and event in November 2025? Please send photos / video to healthyworkplaces@n-somerset.gov.uk  | Yes sure / no thanks, prefer not to.  |
| Do you have nay further comments about this funding scheme? |  |