



First Nations Health Authority
Health through wellness

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FNHA Aboriginal Day of Wellness Grants 2017-18 Closing Report

CONTACT INFORMATION

Name: _____ Organization/Community: _____

Phone: _____ Email: _____

Mailing Address: _____

Congratulations on holding a successful Aboriginal Day of Wellness event! This report will assist us in sharing your event story through FNHA e-blast and in helping us understand how we can better support your community with future events.

EVENT 'AT A GLANCE'

<p>How many people participated in your event? <i>[Use approximate number]</i></p>	
<p>Please list the types of activities that were hosted at the event <i>[Workshops, sports, activities, games, land-based, etc.]</i></p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <small>BEING ACTIVE</small> <input type="checkbox"/> </div> <div style="text-align: center;">  <small>HEALTHY EATING</small> <input type="checkbox"/> </div> <div style="text-align: center;">  <small>NURTURING SPIRIT</small> <input type="checkbox"/> </div> <div style="text-align: center;">  <small>RESPECTING TOBACCO</small> <input type="checkbox"/> </div> </div>	<ul style="list-style-type: none"> • _____
<p>Where did your event take place? <i>(Where and When?)</i></p>	
<p>What were the best parts of your Day of Wellness Event? <i>[Key messages, testimonials or outcomes]</i></p>	
<p>What would you do differently next time? <i>[Things you would change next time]</i></p>	

Once completed, please email or fax a copy to active@fnha.ca or 1-604-913-2081 – Thank You

