**Monitoring & Evaluation Form – Together Fund Phase 4**

Thank you in advance for your participation in this survey. We are asking you to complete this survey because you have recently been involved in an activity funded by Sport England's Together Fund.

This survey is completely confidential and all data is collected and processed in compliance with all data protection laws and the Market Research Society Professional Code of Conduct.

Providing information to these questions is entirely voluntary and the answers that you provide will be presented in aggregate form, and not be linked back to you in any way. Responding to this survey will help us improve future funding programmes and to maximise benefit, results will be shared between Sport England, the organisation that delivered the activity and relevant partners.

This survey should take no longer than five minutes to complete. If you have any questions before completing, please contact the project contact at the organisation which provided the activity you took part in.

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| Name of organisation who delivers your activity |  |
| The questions below refer to what benefits, if any, that you have experienced by being involved with the funded project: |
| Has the project helped you manage your mental health? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Has the project helped you manage your physical health? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Has the project helped you build new friendships? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Has the project helped you feel more connected to your local community? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Has the project enabled you to try new activities? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Has the project enabled you to do more activity than you would have done without the project? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Have you enjoyed participating in activity as part of this project? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Has the project increased your confidence to be more active? | [ ]  Yes  | [ ]  No  | [ ]  Not sure  |
| Are there any other benefits that you have experienced? |  |
| The questions below refer to any recommendations you may have: |
| On a scale from 1-10, how would you rate your overall experience of participating in this project?(1 = extremely poor, 10 = excellent) |  |
| Please let us know the reason for the above score? |  |
| How, if at all, do you think the project can be improved? |  |
| Do you have any final comments about the project you would like to add? |  |