

“Fantastic opportunity to work in partnership with other agencies. Really enjoyed taking part and looking forward to next year. Thank you!”

Primary Care Trust, Lancashire



# Child Safety Week 2010 – Evaluation Form

**Help us make Child Safety Week better by giving us your views**

**Complete this form and enter our free prize draw** for four prizes of £50's worth of store vouchers of your choice plus your choice of Child Accident Prevention Trust publications worth £50.

Please return this form by **Friday, 30 July 2010**.

“They get more eye-catching, more information loaded, more supportive each year. You listen to what people want”

Sure Start Children's Centre, Cheshire

When completing this form, please tick your answer in the box or follow the alternative guidelines given.

## About you

1. Which **one** of the following best describes the work area that you are employed in? Please tick **one only**.
- |  |  |
|--|--|
| <input type="checkbox"/> Childcare (e.g. childminder, day nursery, nursery school) | <input type="checkbox"/> Health (e.g. public health, health visiting, health care) |
| <input type="checkbox"/> Community work  | <input type="checkbox"/> Kids clubs/play work/youth work                           |
| <input type="checkbox"/> Early years/family support/Sure Start children's centre   | <input type="checkbox"/> Police  |
| <input type="checkbox"/> Education (e.g. primary/secondary school, college)        | <input type="checkbox"/> Road safety   |
| <input type="checkbox"/> Fire & Rescue Service                                     | <input type="checkbox"/> Trading standards   |
| <input type="checkbox"/> Other (please specify) _____                              |  |

## Your involvement in Child Safety Week

2. Did you do anything to mark Child Safety Week? (e.g. run an event, use the resources, promote the Week to others)
- Yes  No (please go to question 15)

## Your activities

3. Please describe what you did to support Child Safety Week 2010: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. How many people did you reach through your Child Safety Week activities?  
(please write in the total number of people you reached) \_\_\_\_\_
5. Which groups of people did you reach through your activities?
- Parents/carers  Children and young people  Other (please specify) \_\_\_\_\_

## Your impact

“Parents have told me that they have put cupboard locks on cupboards containing cleaning material. One family have filled in their pond in the garden. Lots of parents are now taking early steps to teach their children road safety.”

Community Nursery Nurse, Hereford

“The children have realised that the seat belts in the car are for their safety and that they should stop, look and listen when crossing a road. Even my own children have started teaching the children down the street road safety.”

Registered Childminder, Lincoln



6. How did your Child Safety Week activities change the way that children or adults think or act about child safety? Please describe all the changes that:

- you have seen
- families have reported to you
- you have found out through your evaluation of your work.

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A copy of our Child Safety Week evaluation report is attached.  Yes  No

7. How much time did families pledge to child accident prevention?

Days \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_

### Your partnerships

8. What other teams, agencies or groups did you work with? Please tick all that apply:

- None (please go to question 11)
- Charities
- Sure Start children's centres
- Fire & Rescue Service
- Road safety
- Childcare
- Faith communities
- Health service
- Trading standards
- Community/neighbourhood groups
- Education
- Police
- Other (please specify) \_\_\_\_\_

9. Please describe the nature of your partnership work for Child Safety Week: \_\_\_\_\_

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10. Will your partnership work continue beyond Child Safety Week?  Yes  No

### How can we improve our resources?

11. Did you use any of the Child Safety Week resources produced by CAPT?  Yes  No (please go to question 14)

12. Which Child Safety Week resources did you use? Please tick all that apply:

- Free Child Safety Week ideas booklet
- Free competitions/quizzes from the ideas booklet
- Free Child Safety Week pledge poster
- Free fact sheets
- Free downloadable competitions/quizzes
- Template press release
- Other resources that you purchased from us

13. If you used the Child Safety Week competitions or quizzes, on average, how many copies did you make of each? \_\_\_\_\_

14. How did you use the Child Safety Week website ([www.childsafetyweek.org.uk](http://www.childsafetyweek.org.uk))?

- Accessed information for organisers in the run-up to Child Safety Week  Yes  No
- Helped parents pledge their time online  Yes  No
- Referred parents to the safety advice on the Child Safety Week website  Yes  No
- Pledged time myself  Yes  No

15. Which of our resources – both printed and online – did you like best and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. How can we improve our resources – both printed and online – so they offer you more support for your work?  
\_\_\_\_\_  
\_\_\_\_\_

17. Will you continue to use any of the resources after Child Safety Week ends?  Yes  No

18. Do you plan to continue your work on child accident prevention after Child Safety Week is over?  Yes  No

### Your final say on Child Safety Week

19. What do you like best about Child Safety Week? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your contact details

20. You don't have to give us your details, but without them we can't contact you with the results of the free prize draw.

**PLEASE WRITE CLEARLY IN BLOCK CAPITALS.**

Name \_\_\_\_\_

Job title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

21. What is your choice of £50 store vouchers? Please tick one only:

- |                                     |  |                                    |
|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Argos      | <input type="checkbox"/> Boots           | <input type="checkbox"/> Debenhams |
| <input type="checkbox"/> JJB Sports | <input type="checkbox"/> Marks & Spencer | <input type="checkbox"/> WH Smith  |

Please return this completed form by **Friday, 30 July** FREEPOST to:

Freepost RSAG-GBEL-SLAX , Child Accident Prevention Trust (EVALUATION)  
Canterbury Court, 1-3 Brixton Road , London, SW9 6DE

Thank you for taking the time to complete this form.

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