



## Road Safety Community Grants Event Grant Evaluation Form

To be completed within one month of your event and submitted as follows:

Please return to Road Safety Community Grants Officer.

Complete the application form and send:

**By Mail:**

Road Safety Community Grants Officer  
Road Safety Commission  
PO Box 6348  
East Perth WA 6892

**By Email:**

Email: [grants@rsc.wa.gov.au](mailto:grants@rsc.wa.gov.au)

**Event Details**

Grant ID: S\_\_\_\_\_ Name of Event: \_\_\_\_\_

**Contact details:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Demographics of attendees for the event**

Number of people who actually attended on the day: \_\_\_\_\_

**Gender** – On the day, what do you estimate to be the approximate percentage in attendance?

- |                                |        |
|--------------------------------|--------|
| <input type="checkbox"/> ____% | Male   |
| <input type="checkbox"/> ____% | Female |

**Age** – Please indicate in the boxes below which of the following age groups were in attendance and an approximate percentage:

- |                                |                       |
|--------------------------------|-----------------------|
| <input type="checkbox"/> ____% | Under 15 years of age |
| <input type="checkbox"/> ____% | 16 - 24               |
| <input type="checkbox"/> ____% | 25 - 40               |
| <input type="checkbox"/> ____% | 41 - 65               |
| <input type="checkbox"/> ____% | 65 and over           |

**Road Safety Message**

**Message used for the event:**

- |  |
|--|
| <input type="checkbox"/> <b>Impaired Driving (Drink/Drug Driving)</b>                        |
| <input type="checkbox"/> <b>Speed</b>  |
| <input type="checkbox"/> <b>Restraints</b>   |
| <input type="checkbox"/> <b>Distractions eg mobile phone use</b>                             |
| <input type="checkbox"/> <b>Fatigue</b>  |
| <input type="checkbox"/> <b>Safer Vehicles</b>   |
| <input type="checkbox"/> <b>Safe Roads</b>   |
| <input type="checkbox"/> <b>Intersection crashes</b>   |
| <input type="checkbox"/> <b>Run-off Road crashes</b>   |
| <input type="checkbox"/> <b>Indigenous Road Safety</b>                                       |
| <input type="checkbox"/> <b>Road User Groups (children, seniors, novice drivers)</b>         |
| Specify: _____   |
| <input type="checkbox"/> <b>Vulnerable Road Users (pedestrians, Motorcyclists, cyclists)</b> |
| Specify: _____   |

**How did you display this message?**

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**Advertising**

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**Merchandise / Promotional materials**

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**Flyer**

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**Website / Social Media**

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**Program**

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**Other (e.g. Verbal Acknowledgement)**

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**Please attach evidence where applicable of promotion (required):**

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**Photos of banner in use during the event (required)**

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**Associated media (e.g. flyer, adverts, media articles, etc)**

**Event evaluation declaration**

I \_\_\_\_\_ declare that all of the above information that has been provided in relation to Road Safety Community Grant Number S\_\_\_\_\_ is true and correct.

Organisation:

Signature:

Date: