

Reference Number



Medium Grant Programme Monitoring Form

1. Title of project	
2. Please let us know if your report is: <ul style="list-style-type: none">• Interim report – please add the date of your year end.• End of project report – please add the end date of your project.	
3. Sirona Staff Division. Sirona care & health staff please add the department leading the project/grant application.	
4. What Sirona Foundation Criteria did/does your project address? Sirona Foundation project priorities: <ul style="list-style-type: none">• Improved health and wellbeing in local communities• Reduced health and economic inequalities in local communities• Maintain greater independence• Support people to live their daily lives	

<ul style="list-style-type: none"> • Support staff training to improve technology, treatments, knowledge and medical research. • Projects that have been co-designed with service users. 	
<p>5. Please give a summary of your project.</p> <ul style="list-style-type: none"> • Brief overview of the main activities you've delivered. 	
<p>6. Project Impact. Please give a brief answer to the following questions and include any other information you have recorded on the impact of your project.</p> <ul style="list-style-type: none"> • Give a brief outline of the project's original goals and objectives. List the key activities of the project implemented as planned. • How many people benefited from the project and was this more or less than intended. If 	

your project targeted specific groups, please let us know what percentage of those reached were from this group.

- What were the expected short-term and long-term outcomes of the project and was this target achieved.

7. What have you learned from your project? Please give a brief answer to the following questions and any other information you have recorded.

- What were the unintended or unexpected outcomes of the project, where they positive or negative.
- What lesson have you learned from your project?
- Have you made any changes to your project because of what you've learned



12. Monitoring Report Submitted by	Name _____	Date
	Signature _____	

For office use only:

Signature Trustee	
Signature Trustee	
Date	

All signed copies to be retained in Sirona Finance Department