**Event Facilitator’s Log**

Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (day/month/year): \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

**FACILITATOR/CO-FACILITATOR INFORMATION (required):**

1. **Facilitator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. This facilitator has received and reviewed information regarding the 4 principles of Trauma-informed Practice (TIP) (circle): Y N
3. This facilitator has received and reviewed information regarding Inuit Qaujimajatuqangit (IQ) and/or guiding Inuit Societal Values (circle): Y N
4. This facilitator has received and reviewed information regarding cultural safety and cultural competence (circle): Y N
5. **Co-facilitator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. This co-facilitator has received and reviewed information regarding the 4 principles of Trauma-informed Practice (TIP) (circle): Y N
7. This co-facilitator has received and reviewed information regarding Inuit Qaujimajatuqangit (IQ) and/or guiding Inuit Societal Values (circle): Y N
8. This co-facilitator has received and reviewed information regarding cultural safety and cultural competence (circle): Y N

**EVENT INFORMATION (required):**

1. Type of event (circle):
	1. Community-based PLEI Session
	2. Employer-based PLEI Presentation (specify employer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Academic Lecture (PLEI project)
	4. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total number of participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PLEI materials distributed/used during event (circle): PLEI community workshop program / Poster(s) / Resource sheet(s) / Podcast / Webinar / Radio show recording
4. # of posters distributed (circle): 1-10 11-25 26-50 51-75 76-100 101+
5. # of resource sheets distributed (circle): 1-10 11-25 26-50 51-75 76-100 101+
6. # of community workshop programs distributed (circle): 1-10 11-25 26-50 51-75 76-100 101+

**NARRATIVES and NOTES (optional- please review each question and record any pertinent information):**

1. Were there any particular challenges and/or lessons learned during this event?
2. What, if anything, worked well during this event?
3. Were there any unanticipated / unplanned themes or topics brought forth by participants at this event? If so, please describe the subsequent discussion/results.
4. Other notes:

**Table 1: IN-PERSON LEGAL ADVICE IMMEDIATELY POST-EVENT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** |
|  | **Legal Advice Given****(Y/N)** | **REFERRAL** | **GENDER** | **AGE** |
|  | IN (to you) | OUT (from you) | Male | Fem | Other | Prefer not to say | 13 to 17 | 18 to 64 | 65+ |
|  | For legal service | For ‘other’ service[[1]](#footnote-1) |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| 6 (Sub total) |  |  |  |  |  |  |  |  |  |  |  |
| **7 (TOTAL)** | Y = |  |  |  |  |  |  |  |  |

1. If out referrals are made to ‘other’ (non-legal services), please make note of the types if referrals made (i.e. health services, psychosocial support, etc.) [↑](#footnote-ref-1)