



HĀPAI TE HAUORA
MĀORI PUBLIC HEALTH

ACTIVATION REPORT TEMPLATE

Please provide as much detailed information where possible and send any additional documents that support the outcomes of your activation.

Activation Name: _____

Location of the activation: _____

Who is the intended participant for your event? *(Please circle)*

Māori

Pasifika

Young People/Rangatahi

Hapū māmā

Disabilities

Mental Health

Explain how you incorporated Smokefree messaging throughout your activation:

Community activation Highlights:

What impact has this event had on your community to support the outcomes of Smokefree2025?:

How will Smokefree health promotion continue post your activation?:

Community activation Learnings/Challenges: *(related to your delivery of Smokefree messaging and/or how it was received by community)*
