

**Tackling Indigenous Smoking (TIS) - Commonwealth Department of Health**  
**Six Month Performance Report**

**Due 15th February 2017 for Reporting Period 01 July 2016 to 31 December 2016**

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

<b>TACKLING INDIGENOUS SMOKING (TIS)</b>	
<p><b><i>1. Meeting TIS Project Aims (as per Item A of Project Schedule)</i></b></p> <p><i>For each nationally consistent TIS Indicator, address the following, using examples where possible:</i></p> <ul style="list-style-type: none"> <li>• <i>Which of your activities address this indicator?</i></li> <li>• <i>Provide data or information as measures of your success against the indicator.*</i></li> <li>• <i>Please list the key challenges / risks encountered in delivering results for the indicator and provide a brief explanation of strategies used to overcome them.</i></li> </ul> <p><i>* Provide answers according to the stage of implementation of your project – more data is expected in the latter stages of implementation.</i></p>	
TIS Indicator 1: Quality and reach of community engagement	<i>Maximum word limit 500 words</i>
TIS Indicator 2: Organisations involved in tobacco reduction in the region	<i>Maximum word limit 500 words</i>
TIS Indicator 3: Building capacity to support quitting	<i>Maximum word limit 500 words</i>
TIS Indicator 4: Referrals to appropriate quitting support	<i>Maximum word limit 500 words</i>

TIS Indicator 5: Supporting smoke-free environments	<i>Maximum word limit 500 words</i>
<p><b><i>2. Engagement &amp; Collaboration with NBPU</i></b></p> <p><i>Comment on the organisations engagement and collaboration with the NBPU, with a focus on how key challenges and outcomes identified by the NBPU were identified and addressed (Maximum word limit 500 words)</i></p>	
<p><b><i>3. Involvement &amp; Collaboration with Department's nominated evaluator</i></b></p> <p><i>A statement on the organisations involvement and collaboration with the nominated evaluator and the timeframe required to action this engagement (Maximum word limit 500 words)</i></p>	
<p><b><i>4. Issues, Problems or Delays</i></b></p> <p><i>Comment on any issues, problems or delays with the project.</i></p>	

## CERTIFICATION BY ORGANISATION

**Organisation Name:** \_\_\_\_\_

**Report Approved for Submission to the Department of Health By:**

**Authorised Organisation Officer**

**Authorised Board Member**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

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*Date*

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*Date*

**Report prepared by: Name:** \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

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