# Feedback form:

**Please tell us what you think: do you agree or disagree with the statements below?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree  | Agree  | Neutral | Disagree | Strongly disagree |
| 1. I found the presentation(s) clear and interesting.
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The event helped me understand….. *event objective 1*
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The event helped me to gain knowledge about…. *event objective 2*
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The event was about the right length for me
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The event was about the right level for me
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The resources provided were interesting and well presented.
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. The event was well organised
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. After the event I would like to know more about …
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| 1. I would like to attend future similar events.
 | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

**Please add additional comments here (or on the back of this form), if you wish:**

**Optional**: If you would like to be contacted about similar events, please include contact details.

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

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