# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_