

WoW Workshop Evaluation

...PLEASE TURN OVER

Today's date:

(please tick)	Excellent	Good	Satisfact ory	Poor
Overall satisfaction				
Administration/booking				
Topics we covered				
Style of delivery				
Facilitators' knowledge				
Activities, handouts,				
materials				
Location of workshop				
Refreshments provided				

Thinking about everything that we covered in the workshop today, what did you find most valuable?

Do	you	have	any	other	comments?

Is there anything you would like to follow up on or learn more about?

GENDER Male 🗌 Female 🗌	AGE (please tick one) 16 - 24 □ 50 - 64 □	25 - 34	35 - 49 🛛				
Do you identify as:							
Aboriginal							
Torres Strait Island	er						
Culturally and lingu	istically diverse	Please specify					
Person with disabil	ity						
Person experiencing mental health difficulties							
and/or issues relate	ed to substance abuse						
Lesbian, gay, bisexu	ual, transgender or intersex						

Are	you	a	person	with	a	disability?	Yes 🗆	No 🗆

THANK YOU