We are always keen to receive your views on the education we provide. We would appreciate it if you can spend a few minutes filling in this form before you leave.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Particulars** | | | **Below Average** | | **Average** | | **Good** | |
| Overall Verdict | | |  | |  | |  | |
| Event Structure | | |  | |  | |  | |
| Event Content | | |  | |  | |  | |
| Quality of Materials | | |  | |  | |  | |
| Tutors | | |  | |  | |  | |
| Venue | | |  | |  | |  | |
| Pace of Training | | |  | |  | |  | |
| Interactive Exercises | | |  | |  | |  | |
| Rate the Event | | |  | |  | |  | |
| Length of Sessions was appropriate to cover content | | | too short | | too long | | about right | |
| Enjoyed | | | agree | | disagree | | neither | |
| The Event was Useful | | | agree | | disagree | | neither | |
| I’m glad I came | | | agree | | disagree | | neither | |
| **Expectations** | **Rarely meets** | **Sometimes meets** | | **Meets expectations** | | **Frequently exceeds** | | **Consistently exceeds** |
| Event Content Met Your Needs |  |  | |  | |  | |  |
| Event Materials, and Educational Resources |  |  | |  | |  | |  |
| **Objectives** | **Strongly Disagree** | **Disagree** | | **Neutral** | | **Agree** | | **Strongly Agree** |
| I understood the objectives of the event |  |  | |  | |  | |  |
| The event provided me with new information |  |  | |  | |  | |  |
| **Effort** | **Very Poor** | **Poor** | | **Fair** | | **Good** | | **Very Good** |
| Level of effort you put into the event |  |  | |  | |  | |  |
| Your level of knowledge at start of event |  |  | |  | |  | |  |
| Your level of knowledge at end of event |  |  | |  | |  | |  |
| **Overall quality of the event** | **Very Poor** | **Poor** | | **Fair** | | **Good** | | **Very Good** |
| Overall quality of the equipment |  |  | |  | |  | |  |
| Overall quality of the event |  |  | |  | |  | |  |

**Feedback**

1. Please identify which aspects of the event you found most useful or least useful
2. Which aspects of the event would you like us to change and why?

**Open-Ended Questions**

1. Please identify what you consider to be the strengths of the event (or section)
2. Feedback for other students: What advice would you give to another student who is considering taking this event (or section)?

**Would you recommend this event to other students?**

|  |  |
| --- | --- |
| **○** Yes | **○** No |

**Why you chose this event?**

|  |  |  |  |
| --- | --- | --- | --- |
| **○** Degree requirement | **○** Time offered | **○** Interest | **○** Other, please specify: |

If you don't mind, please could you give us a little more information about yourself?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | 0-14 | 15-24 | | 25-40 | | 41-54 | | 55-64 | | 65+ |
| Gender | **Male** | | | **Female** | | | | **Prefer to not say** | | |
| Status | **UK Student** | | **International Student** | | **University Staff** | | **Employed** | | **Unemployed** | |