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** |