

**Template 3: Event Evaluation Form (Short version)**

Please help us by giving your feedback on today’s event. Your information will help to plan future events to suit your needs and those of other people locally. If you could take a few minutes to complete this short questionnaire and pop it into the box at the door on your way out, we would appreciate your ideas and views. **Thank you**.

1. How did you find out about today?

**Leaflet/Flyer** 🞏 **Poster** 🞏 **Email** 🞏 **Word of mouth** 🞏 **Other** 🞏……………………………..

1. How likely are you to recommend this event to your friends and family? **Extremely likely** 🞏 **Likely** 🞏 **Neither** 🞏 **Unlikely** 🞏 **Extremely unlikely** 🞏 **Don’t know** 🞏

3. Overall, how useful have you found today’s event?

**Very useful** 🞏  **Useful** 🞏 **Quite useful** 🞏 **Somewhat useful** 🞏 **Not at all useful** 🞏

1. How was today’s venue, (please tick all that apply)

🞏 **Easy to get to?**

🞏 **Easy to get into to?**

🞏 **Adequate facilities (seating, toilets, heating, refreshments)?**

1. Would you attend a similar event in the future?

**Yes** 🞏 **No** 🞏 **Unsure** 🞏

1. What other information or resources would you like to be available at future events to improve your experience?

**More about you**

If you prefer not to answer some of the questions below, please leave blank.

1. Are you? **Male** 🞏 **Female** 🞏 **If any other, please explain**…………………………………………
2. How old are you? ………………………………………………………………………………………..
3. Do you have a disability? **Yes** 🞏 **No** 🞏
4. Are you? **White**🞏 **Black/African/Caribbean Black British**🞏 **Asian/Asian British**🞏  **Mixed**🞏

**Thank you again for taking the time to compete this questionnaire; your views are very important to us.**