

**Template 4:Event Evaluation Form (Long version)**

Please help us by giving your feedback on today’s event. This will help us 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 hear about the event?**

**Leaflet/flyer🞏 Poster🞏 Word of mouth🞏 Email🞏 Other 🞏** please write**…………**

1. **Overall, how useful did you find the event today?**

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

|  |
| --- |
| **Comments** |

1. **Thinking about the venue today, did you find it? (Please tick all that apply)**

**🞏 Easy to get to**

**🞏 Easy to enter**

**🞏 Warm**

**🞏 Clean**

**🞏 Large enough**

**🞏 Adequate facilities (seating, lighting, toilets etc)**

|  |
| --- |
| **Comments** |

1. **What other information would you like to be available at future events?**

|  |
| --- |
| **Comments** |

**5. Would you attend a similar event in the future?**

**Yes 🞏 No 🞏 Unsure🞏**

|  |
| --- |
| **Comments** |

1. **Would you recommend this event to your family and friends**

**Extremely Likely🞏 Likely🞏 Neither🞏 Unlikely🞏 Extremely unlikely🞏 Don’t know🞏**

|  |
| --- |
| **Comments** |

**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🞏

**Contact details**

If you would like to be kept in touch about other events and information that we think may be of interest to you please complete the section below. Your details will not be shared with anyone else.

**Name:**

**Address:**

**Postcode:**

**Telephone: Email:**