




TOOL 26 - NICHI EVENT EVALUATION FORM (A)

Name of Event:

Venue:Date:

In order for us to evaluate this event, we would welcome your thoughts and views so that our standards can be maintained and/or improved in the future.

1. Please rate the event by ticking the relevant box below

	 Very Dissatisfied	Dissatisfied	 Just OK	Satisfied	 Very Satisfied
Content of the event					
Meeting your needs					
Suitability of venue					
Overall satisfaction					

2. What did you like about the event?

3. Is there anything you would change to make it better?

4. Do you have any other comments/suggestions?

*Thank you for taking the time to complete this evaluation.
 Your comments will be used for evaluation purposes only and will help us improve events in the future.
 Please return to a member of staff at the event*

TOOL 26 - NICHI EVENT EVALUATION FORM (B)

Name of Event:

Venue: Date:

In order for us to evaluate this event, we would welcome your thoughts and views so that our standards can be maintained and/or improved in the future.

Please select the appropriate answer.

1. Are you Male Female Age range? <25 26-50 51-65 65-74 75+

2. How would you rate the following, on a scale of 1-5, with 1=poor, 5=excellent?

<i>Please circle</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
Overall event / Activity	1 	2	3 	4	5 
Trainers / Facilitators	1 	2	3 	4	5 
Content-relevance	1 	2	3 	4	5 
Presentation / Delivery	1 	2	3 	4	5 
The Venue / Location	1 	2	3 	4	5 

3. Did the event meet your expectations? Yes No How?

.....

4. What did you enjoy most about this event? (Eg. most positive / useful)

.....

5. Do you feel you have increased your knowledge / skills / understanding as a result of this event?

Yes No Please comment:

.....

6. If this event was being organised again, would you change anything to make it better? Yes No

If yes, what?

.....

7. Circle 3 words which best describe this event for you

practical informative fun social unprofessional educational sloppy
 too short just right too long positive boring enjoyable participative
 well organised beneficial never again interesting disorganised useful

6. Please add any other comments or suggestions that you would like to make (continue over the page if necessary).

.....

.....

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Please return to a member of staff at the event

Equality Monitoring

We collect this information to show how we are reaching out to all sections of the community, to comply with Legislation.

What is your full postal code?

Please tick the appropriate category

AGE:	
25 or under	<input type="checkbox"/>
26 - 34	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>
45 - 54	<input type="checkbox"/>
55 - 64	<input type="checkbox"/>
65+	<input type="checkbox"/>

GENDER:	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Trans history	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
	<input type="checkbox"/>

HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?	
Heterosexual (Straight)	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

MARITAL STATUS:	
Single	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Married/civil partnership	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Divorced/Dissolved C.P.	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>

PERCEIVED RELIGIOUS AFFILIATION / BACKGROUND:	
No Religion	<input type="checkbox"/>
Protestant	<input type="checkbox"/>
Catholic	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/>

ULTURAL / ETHNIC ORIGIN:	
Black African / Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
White	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Mixed Ethnicity	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Jew	<input type="checkbox"/>
Hindu	<input type="checkbox"/>

PERCEIVED COMMUNITY BACKGROUND:	
Unionist tradition	<input type="checkbox"/>
Nationalist tradition	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

In line with the Disability Discrimination Act 1995, a disability is defined as "a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities".

Having read this definition, do you consider yourself to have a disability? Yes No

Do you care for a: Child (under 18) Older Person Disabled / ill person Other, please specify None

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