

CARING FOR THE SPIRIT COLLABORATIVE

18 JANUARY 2006

EVALUATION FORM

We would appreciate your comments and suggestions regarding the above event. Please complete this form and either leave it with Suzie Potter or Yvonne Gascoigne when you leave or send it in using the enclosed envelope.

Objectives

How well did the event meet your overall objectives?

Very well

Fairly well

Not at all

What do you think you achieved today?

	Very good	Good	Average	Poor	Very poor
Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General helpfulness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location for ease of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What future needs do you have?

Other comments

Name:

NHS Trust / PCT:

Address

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Tel: Fax:

Email: