

Evaluation form

Your feedback is important to us. Please take a few minutes to either complete this form or the online evaluation which will be emailed to you.

Name of event: _____ Date: _____

Rate the following statements in terms of the degree to which you agree with them by putting a tick in the appropriate box.	Not at all		Somewhat agree		Strongly agree
	1	2	3	4	5
1. The workshop/forum objectives were clear and delivered on.					
2. My expectations were met.					
3. I increased my awareness of mental health and substance misuse issues.					
4. I had sufficient opportunity to participate and have my voice heard.					
5. Attending the session will help me perform my role or do my job better					
6. I was able to extend my professional networks.					

7. My overall rating of the session is: (please circle)	Poor		Good		Excellent
	1	2	3	4	5

Provide any additional comments on the forum in the space below.

Would you recommend QMHC workshops or forums to others? Yes No

If you would you like to receive regular email updates on QMHC activities, please provide us with your email address: _____

Thank you for your feedback. You can email this form to info@qmhc.qld.gov.au, or mail to PO Box 13027, George Street, Brisbane Queensland 4003