**PARTICIPANT FEEDBACK FORM**

****

1. How satisfied were you with this event?

|  |
| --- |
| Very Satisfied Very dissatisfied  |
| ☺ |  | 😐 |  | ☹ |
| 5 | 4 | 3 | 2 | 1 |

1. Were you able to take part in the discussion and have your say?

|  |
| --- |
| Yes, very much so No, not at all  |
| ☺ |  | 😐 |  | ☹ |
| 5 | 4 | 3 | 2 | 1 |

1. Did anything stop you from participating fully? If so, what?
2. What was good about the session/ workshop?
3. If you were running this session yourself, what would you do differently?
4. What could we do differently to improve future sessions?

**Participant feedback form cont’d…**

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1. Anything else you’d like to tell us?

Thank you for completing this form. You do not have to tell us who you are. If you would prefer to remain anonymous, please do not fill in your name here.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation (if relevant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I use services [ ]  I am a carer [ ]

**Consent for using your feedback**

We may want to use your feedback in our project or programme evaluation, which will be publicly available. Do you give consent for us to quote you anonymously, for example, in reports and evaluations and on our website?

Yes [ ]  No [ ]

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you change your mind about the consent you have given, please contact us to let us know. Email **[insert email address]** or call **[insert telephone number].**

**PARTICIPANT FEEDBACK FORM**

**(Easy Read)**

|  |  |
| --- | --- |
| Good or bad v2Listen | **Did you feel listened to today?**  |
| Yes or No (Outside the Box) |
| Good to knowGood or bad v2 | **Did you find it useful?**  |
| Yes or No (Outside the Box) |
| MeetingI like v3 | **What did you like about the meeting?** |
|  |
| MeetingDislike | **What didn’t you like about the meeting?** |
|  |
| Anything else | **Anything else you would like to tell us?**  |
|  |

|  |  |  |
| --- | --- | --- |
| Sign my name (Outside the Box) | Your name (you do not have to tell us if you would prefer not to) |  |
| Date with numbers | Date |  |



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