

EVALUATION FORM

GLACHC aims to be responsible to the needs of CHCs and health related organisations and we do this by monitoring, analysing and responding to your evaluation of our conferences and seminars. Therefore we would be grateful if you could complete this evaluation form.

1. Title of Conference/Seminar attended

2. Date

3. Your age (please circle your age group)

18 – 25

46 – 55

26 – 35

56 – 65

36 – 45

Over 65

4. Ethnic Origin

White

Black African

Black Caribbean

Irish

Asian

Other (please specify)

5. In which Borough is your CHC/Organisation located?

6. Do you have a physical or sensory disability?

Yes

No

7. How would you rate the physical environment of the venue, accessibility and parking Facilities?

Good

Reasonable

Poor

8. Overall, how did you rate the Conference/Seminar?

Very Good

Good

Fair

Poor

9. What did you find most helpful?

10. What did you find least useful?

11. Which speaker did you find most helpful?

12. Which speaker did you find least helpful?

13. How useful did you find the afternoon's 'Open Space' exercise? (please explain)

14. Was there enough time for questions and discussions?

15. Any other comments?

16. Do you have any suggestions for future Conferences/Seminars?

Thank-you for completing this evaluation form.

**Please leave the form at the end of the day or return within 7 days to
GLACHC, 356 Holloway Road, London, N7 6PA**