

WINDA-MARA ABORIGINAL CORPORATION

21 Scott St (PO Box 42)
Heywood VIC 3304
P: 03 5527 0000

107 Thompson St
Hamilton VIC 3300
P: 03 5527 0090

wmac@windamara.com
ABN 71 636 105 116
ICN 1239

Q8

SERVICE EVALUATION FORM

V2.1, 18 January 2024

Activity/Session: _____ Date: _____

Name: (optional) _____

Age Group: <14 14-30 31-44 45-54 55-64 65-74 75+

Gender: Male Female Non-specified Other

Rate our Activity <input checked="" type="checkbox"/>	Poor	OK	Good	Excellent	N/A
Was the activity well organised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the activity the right length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were presentations clear and understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the instructors well prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the handouts provided useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the presentation was well worth your time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How could it be improved?					
Was this activity conducted in a culturally appropriate environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Did this activity strengthen your understanding of the issues discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Did this activity strengthen your cultural understanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Was there any aspect you were interested in that was not covered?	<input type="checkbox"/> N/A				
How could the presentation have been better or more helpful?	<input type="checkbox"/> N/A				
In relation to this topic, what further information would you like?	<input type="checkbox"/> N/A				

If you have any other comments or would like more information on an issue not covered or would like to be covered into the future, please provide information on the back of this form.