

POST-EVENT ORGANISER'S EVALUATION FORM



Please complete and return this form within a month of your event. As a requirement of your mini-grant approval, please scan and email this application to eo@ntmhc.org.au

Name of Your Organisation: _____

Name of the Event: _____

Date of the Event: _____ Time of the Event: _____

Event Venue: _____

Summarise your Event details in one paragraph: _____

Did you Collaborate with another Organisation for the Event?

Yes

No

Name of Organisation: _____

Who was represented in the Attendees?

Carers

Other: _____

Consumers

Sector Workers

General Public

How did you publicise the Event?

Newspaper

Radio

Television

Newsletter

Social Media (Facebook)

Word of Mouth

Other:

Did you think this event was successful in achieving the objectives of Mental Health Week?

Yes

No

Overall, what was the feedback of your audience?

Very Satisfied

Extremely Dissatisfied

Moderately Satisfied

Moderately Dissatisfied

Neutral

Other:

In your opinion what aspect of your Event worked?

What could you have improved on in your Event?

Overall, what is your Evaluation of your Event?

Extremely Satisfied

Moderately Satisfied

Neutral

Moderately Dissatisfied

Extremely Dissatisfied

Thank you for completing this Evaluation form.