

RADF Workshop Feedback Survey

We value your feedback. Please take a few minutes to complete this feedback form.

Workshop dates:		Tutor:	
Course Name:			

1. I fit into the following categories (please tick all that apply)

<input type="checkbox"/>	Women	<input type="checkbox"/>	Australian South Sea Islander peoples
<input type="checkbox"/>	Men	<input type="checkbox"/>	People from culturally and linguistically diverse backgrounds
<input type="checkbox"/>	Emerging Artists / Cultural workers	<input type="checkbox"/>	Young people aged 12-25 years
<input type="checkbox"/>	Established Artists / Cultural workers	<input type="checkbox"/>	Children aged 0-11 years
<input type="checkbox"/>	Aboriginal peoples	<input type="checkbox"/>	Seniors aged 55 years or over
<input type="checkbox"/>	Torres Strait Islander peoples	<input type="checkbox"/>	People with a disability
<input type="checkbox"/>	Regional Queenslanders		

2. Please tick the box which applies to each of the following aspects of your workshop...

	Excellent	Good	Average	Needs attention
Overall this workshop was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This workshop taught me what I expected it would	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that my tutor was approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that my tutor was skilled in what they were teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt support at this workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this workshop to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication prior to the workshop was...

<input type="checkbox"/>	Good	<input type="checkbox"/>	Bad	<input type="checkbox"/>	Average
--------------------------	------	--------------------------	-----	--------------------------	---------

Suggestions please:



4. Have you attended an RADF workshop prior to this one?

Yes

No

If yes, please list...

5. Other Arts and Cultural workshops I would like to see in Winton are?

6. Are you a member of any of the following groups (please tick)

Winton QCWA Committee

Winton Creative Arts

7. What outcomes were supported by the activity?

8. What were your key learnings or reflections from the activity that will inform your work in the future? This might include things that worked well, challenges or other observations.

9. Any other comments?

Name:

Date:

Contact Email or phone number:

Again, thank you for assisting in our feedback process, it is very much appreciated.
If you have any issues or concerns, please contact the RADF Liaison Officer.

