

Mossman Port Douglas Counselling Services

20 Mill Street Mossman Qld 4873 Ph 0427 807 729

Email: admin@mossmanportdouglascounsellingservices.com.au

WORKSHOP FEEDBACK FORM

WORKSHOP/TRAINING ATTENDED _____

Would you please take a few minutes before you leave to answer the following questions? Your answers will assist us with continuously improving **Mossman Port Douglas Counselling Services** to provide additional relevant future workshops and training opportunities for our community. Please leave your completed feedback form on the table near the entry as you leave or you can hand it to the Facilitator if you wish. Thank you.

Your age:

Under 12 13 – 17 18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 74 Over 75

Cultural background

Do you identify as - Aboriginal Yes/No

- Torres Strait Islander Yes/No

- Aboriginal & Torres Strait Islander Yes/No

If not born in Australia, please state your country of birth _____

Do you identify with having a disability? Yes/No

How did you hear about this workshop? _____

What aspects of the workshop were the most interesting or useful for you? _____

What changes would you suggest to improve the workshop? _____

Would you be interested in attending another workshop? Yes/No

If yes, on what topic? _____

We would love any other ideas or feedback you could give us _____

Thank you for attending this workshop and for taking the time to complete this feedback form.

