



## Vic SheSails and She Leads Online Workshop Feedback

Thank you for your time at the recent SheSails and She Leads Online Workshops.

We welcome your feedback via the below survey. Your feedback will assist us to make future workshops even better!

### Demographic information

Age:

Gender identity:

Post code:

Contact email address

## Overall Workshops

Please complete the below questions in relation to the overall online workshops

1. How would you rate your overall satisfaction with the online workshops? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

2. How did you find out about the online workshops? (Tick all that apply)

☐ She Sails Facebook

☐ AS email/newsletter

☐ Club news email newsletter

☐ She Sails Club rep

☐ From your club

☐ Word of mouth

3. Why did you sign up to the Workshops? (Please tick ONE option)

☐ Professional development

☐ Peer engagement/Networking

☐ Other

4. (Required) If Other, please specify

5. How satisfied were you with the communications and information provided in the lead up to the Workshops?  
(Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

6. How satisfied were you with the day and time of the Workshops? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

7. Were you happy with the duration of the workshops? (Please tick ONE option)

☐ Much Too long

☐ Too long

☐ About right

☐ Too Short

☐ Much Too Short

8. How did you feel the workshops resonated over zoom as an alternative to face to face? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

9. Were you satisfied with how the break out rooms worked? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

10. Any additional comments about zoom/online learning?

## Overall Topics

11. How satisfied were you with the topics covered? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

12. Is there any additional feedback about the workshops content?

**Presenter**

Please complete the below questions in relation to the presenter

13. How would you rate the presenter's overall knowledge (Please tick ONE option)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

14. How would you rate the presenter's delivery (Please tick ONE option)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

15. How would you rate the presenter's level of engagement (Please tick ONE option)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

16. Is there any additional feedback about the presenter?

**Future Workshops**

Please complete the below questions in relation to future workshops

17. Are there any topics you would like to see delivered in future workshops?

18. Is there a preferred day of the week you would want future workshops to be held? (Please tick ONE option)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

19. Is there a preferred time of day for future workshops you would like? (Please tick ONE option)

☐ Morning

☐ afternoon

☐ evening

20. Is there any additional feedback?

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