



## Vic Nov 2020 SheSails and She Leads Tackling Tough Conversations Online Workshop Feedback

Thank you for your time at the recent SheSails and She Leads Tackling The Tough Conversations Online Workshop.

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 workshop? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

2. How did you find out about the online workshop? (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 Workshop? (Please tick ONE option)

☐ Professional development

☐ Peer engagement/Networking

☐ Other

4. (Required) If Other, please specify

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

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

6. Were you happy with the duration of the workshop? (Please tick ONE option)

☐ Much Too long

☐ Too long

☐ About right

☐ Too Short

☐ Much Too Short

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

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

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

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

9. Any additional comments about zoom/online learning?

## Overall Topics

10. How satisfied were you with the topic covered? (Please tick ONE option)

☐ Very Satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

11. Is there any additional feedback about the workshop content?

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# Presenter

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Please complete the below questions in relation to the presenter

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12. How would you rate the presenter's overall knowledge of the topic? (Please tick ONE option)

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☐ Excellent

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☐ Very Good

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☐ Good

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☐ Fair

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☐ Poor

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

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☐ Excellent

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☐ Very Good

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☐ Good

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☐ Fair

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☐ Poor

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

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☐ Excellent

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☐ Very Good

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☐ Good

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☐ Fair

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☐ Poor

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15. Is there any additional feedback about the presenter?

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# Future Workshops

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Please complete the below questions in relation to future workshops

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

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

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☐ Monday

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☐ Tuesday

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☐ Wednesday

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☐ Thursday

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☐ Friday

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☐ Saturday

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☐ Sunday

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

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☐ Morning

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☐ afternoon

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☐ evening

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19. Is there any additional feedback?

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