



Vic SheSails Inclusive Leadership 27th June 2021 Workshop Feedback

Thank you for your time at the recent SheSails Inclusive Leadership Workshop.

We welcome your feedback via the below survey.

Your feedback will assist us improve future workshops.

Contact email address

Overall Workshop

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

1. How would you rate your overall satisfaction with the online Inclusive Leadership 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 workshops/conferences?
(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 the break out rooms/interactive polls ?

Overall Topics

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

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

11. Is there any improvements or changes to the workshop content you can suggest for future delivery of the workshop?

Presenter

Please complete the below questions in relation to the presenter

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

Excellent

Very Good

Good

Fair

Poor

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

Excellent

Very Good

Good

Fair

Poor

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

Excellent

Very Good

Good

Fair

Poor

15. Is there any additional feedback about the presenter?

Future Workshops

Please complete the below questions in relation to future workshops

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

17. 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

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

Morning

afternoon

evening

19. Is there any additional feedback?