## **Participant evaluation form**

## *Thank you for giving us your feedback on this training, it will assist with continuous quality improvement.*

Date of Training:

Location:

Training provided by:

1. **Did this module provide appropriate and relevant information regarding Carer support, advocacy and self care?**

not at all a little satisfactorally very well completely

1  2  3  4  5  6  7  8  9 10

Comments:

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1. **How well did this module help you understand the roles, rights and responsibilities of the care team?**

not at all a little satisfactorally very well completely

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Comments:

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1. **How well did this module help you understand your role as an advocate for the children and young people you may/are caring for and the advocacy tools available to you?**

not at all a little satisfactorally very well completely

1  2  3  4  5  6  7  8  9 10

Comments:

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1. **How well did this module help you understand Vicarious trauma and how to identify and manage self-care?**

not at all a little satisfactorally very well completely

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Comments:

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1. **How well did this module help you to understand and assist in periods of Grief and Loss?**

not at all a little satisfactorally very well completely

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Comments:

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1. **How well did this module help you understand the complaints process?**

not at all a little satisfactorally very well completely

1  2  3  4  5  6  7  8  9 10

Comments:

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1. **How well did this module help you understand where you can go for support?**

not at all a little satisfactorally very well completely

1  2  3  4  5  6  7  8  9 10

Comments:

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1. **What did you like best about this training?**

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1. **Is there any information that you think you may need that was not covered?**

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1. **Do you have any comments on the way the material was presented to you?**

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1. **What is your overall evaluation of this training?**

Poor not very good good very good excellent

1  2  3  4  5  6  7  8  9 10