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: [   ]

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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:

[   ]

2. **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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments:

[   ]

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3. **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:

4. **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
☐ 1 ☐ 2	☐ 3 ☐ 4	☐ 5 ☐ 6	☐ 7 ☐ 8	☐ 9 ☐10

Comments:

5. **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
☐ 1 ☐ 2	☐ 3 ☐ 4	☐ 5 ☐ 6	☐ 7 ☐ 8	☐ 9 ☐10

Comments:

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6. **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:

7. **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:

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

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

[blank response box]

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

[blank response box]

11. **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