



Event Feedback Form

Event Name: _____

Date: _____

Location: _____

Staff organising Event: _____

Details of Event:

Attended by (estimation):

- Number of Clients: _____
- Number of Family members/carers: _____
- Other Community Members: _____

Organised by:

- Name: _____ Position: _____
- Name: _____ Position: _____

Would you recommend participating in this event in the future: Yes No

If so why?

What aspects could be improved in the future when attending this event?

Office use only:

Received by: _____

Date presented at the Managers Meeting: _____

