

I ♥ CONSENT

Facilitation Training Feedback Form

We ask that you take a moment to provide your feedback. Your responses are anonymous and will be used to improve future workshops and assess the impact of the I Heart Consent Workshops. Your feedback is important to us.

Name of Facilitator				
Date (DD/MM/YYYY)				
Gender (please circle)	Man Fluid	Woman Agender	Gender Queer Prefer not to say	Gender Other

On a scale of 1-6 where 1 is **strongly disagree** and 6 is **strongly agree**, please circle the most appropriate answer:

1. I have gained a better understanding of sexual consent from the facilitators' training.

Strongly Disagree 3 4 5 Strongly Agree
1 2 3 4 5 6

2. I feel more confident to talk to others about sexual consent after attending the facilitators' training.

Strongly Disagree 3 4 5 Strongly Agree
1 2 3 4 5 6

3. I feel more confident about facilitating workshops after the training.

Strongly Disagree 3 4 5 Strongly Agree
1 2 3 4 5 6

4. The training was a safe and comfortable environment to express my feelings or opinions and discuss the issues surrounding sexual consent.

Strongly Disagree 3 4 5 Strongly Agree
1 2 3 4 5 6

5. What was the most useful part of the training?

6. How do you think the workshop could be improved?

7. Any other comments or feedback you would like to give us about the training?

8. Out of 10, how do you rate the delivery of the workshop from your facilitator?

___/10

Thank you for taking the time to provide feedback on the workshop.