



# Evaluation Form

## The Challenge of Long Term Alcohol Abuse in Older Adults: Managing older clients living with alcohol related brain injury

Australian Master Class Tour, 23-24 February 2011

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What is your position/job title? \_\_\_\_\_

### How did you hear about this seminar?

- Email from Change Champions     
  Email from a colleague     
  State/Territory Health Department  
 Change Champions website     
  Google search     
  Email from professional/  
 membership organisation

### In which city did you attend this Master Class?

- Hobart  
 Launceston

### Content

#### How relevant was the content of this Master Class to your daily work?

- Very relevant     
  Relevant     
  Not relevant at all

#### Has this Master Class provided you with innovative ideas and information to take back to your workplace?

- Yes, definitely     
  Some     
  Not as many as I had hoped

Comments please:

\_\_\_\_\_

#### List up to three things you have learnt from attending this Master Class

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

#### How could the Master Class have been improved?

\_\_\_\_\_

#### Facilitator

	Agree	Not Sure	Disagree
The Facilitator has expert knowledge of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Facilitator was an engaging presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information was presented in a way that I could easily understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Facilitator spoke clearly and audibly at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was ample time for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## Organisation and Delivery

	Agree	Not Sure	Disagree
It was easy to register for this event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Champions staff were very helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Master Class was well organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Master Class represented good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue was comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bathroom at the venue was clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The catering at the venue was palatable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue staff were helpful and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could see the screen and speaker easily from my seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of refreshment breaks was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other feedback you would like to share to help us provide a better service?			

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## Recommendation

**Would you recommend that your colleagues attend this Master Class?**

Yes  I don't think so

If you enjoyed the Master Class, are you prepared to write brief testimonial? The testimonial would be used on advertising material to promote the remainder of the tour. Your name may be attached to your quote. If yes,

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Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your participation.  
 These evaluation forms remain the exclusive property of Change Champions P/L.