



WE WELCOME YOUR FEEDBACK !



How interesting did you find the workshop? (please circle)

Very Interesting Interesting Some Interest A little Not at All

How much did you learn from the workshop?

A Lot Quite a Lot Some Things A little Nothing

Please state what you learnt or found out from today's workshop

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.....

Which part of the workshop did you most enjoy?

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What part of the workshop did you least enjoy?

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.....

What would you change to make it better?

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.....
.....

**Do you think you would be interested in a job in Social Work/Care now?
(please circle)**

Yes No Not sure

Why?

Name:

School/College:

Year:

Date: