Working Together Feedback Form

**Privacy notice:** If you are asking for any information that could identify people, you will need to include a bespoke privacy notice to comply with GDPR. If your feedback form is intended to be anonymous, but it is possible or likely that people may add information that makes them identifiable, you should also include a privacy notice. For more information or guidance, please contact your local information governance team.

### Name and Date of Session or Event

### How satisfied were you with this session?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Satisfied |  |  |  | Very dissatisfied |
| Grinning face outline outline | Smiling face outline outline | Neutral face outline outline | Confused face outline outline | Sad face outline outline |
| 5 | 4 | 3 | 2 | 1 |
| *Please circle the number or face that shows how satisfied you were with the session*  |

### Was the communication and information you received before the session good?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very good |  |  |  | Very bad |
| Grinning face outline outline | Smiling face outline outline | Neutral face outline outline | Confused face outline outline | Sad face outline outline |
| 5 | 4 | 3 | 2 | 1 |
| *Please circle the number or face that shows how good the communication and information you received before the session was*  |

### Were you able to take part in the discussions and have your say?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes, very much |  |  |  | Not at all  |
| Grinning face outline outline | Smiling face outline outline | Neutral face outline outline | Confused face outline outline | Sad face outline outline |
| 5 | 4 | 3 | 2 | 1 |
| *Please circle the number or face that shows how well you were able to take part in discussions and have your say*  |

### Did you feel your views and contributions were valued in the session?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes, very much |  |  |  | Not at all  |
| Grinning face outline outline | Smiling face outline outline | Neutral face outline outline | Confused face outline outline | Sad face outline outline |
| 5 | 4 | 3 | 2 | 1 |
| *Please circle the number or face that shows how valued your views and contributions were during the session*  |

###

### Did anything stop you from joining in with discussions? If yes, what?

### What was the best thing about the session?

### What could we do differently to improve future sessions?

Thank you so much for completing this from. Your feedback helps up improve future events and sessions.