



# Women's Community Centre

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## COURSE EVALUATION SHEET

Please help us by answering the following questions to give feedback on the course / activity in which you participated & to provide valuable information for the purpose of planning and funding.

**TITLE OF COURSE:** \_\_\_\_\_

1. What were your expectations of the course?

2. Did it meet your expectations?

\_\_\_\_\_

1	2	3	4	5	6	7
Not		Moderately			Yes Exceeded	
Really					Them	

3. What did you learn from this course?

4. What applications, relevant to your life, will this learning have?

5. How could the course be improved?

6. Do you have any comment for the course leader?

7. Do you have any suggestions for further workshops, groups or courses?

PLEASE TURN OVER

8. Please indicate your age by filling in the following:

AGE:	5 - 12	<input type="checkbox"/>	36 - 45	<input type="checkbox"/>
	13 - 17	<input type="checkbox"/>	46 - 55	<input type="checkbox"/>
	18 - 25	<input type="checkbox"/>	56 - 65	<input type="checkbox"/>
	26 - 35	<input type="checkbox"/>	65 +	<input type="checkbox"/>

Please tick any of the following which apply to you:

- Employed
- Non Job Seeker
- Job Search Client
- New Start Client
- Student
- Home Maker / Home Duties
- Retired
  
- Aboriginal / Torres Strait Islander
- Non English Speaking Background
- Person with a Disability

Please fill in your Post Code

*Thank you for your assistance.*