**#FeelingMySelfCare Workshop 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 #FeelingMySelfcare workshops.

Your feedback is important to us.

**Students’ Union:**

**Name of Facilitator:**

**Date (DD/MM/YYY):**

Please Circle!

1. Do you feel like this was a welcoming environment for open discussion?

YES NO I’M NOT SURE

1. How useful did you find it to discuss experiences of self-care with other people?

Not useful Useful Very Useful

1. Did you find that most of the topics that were covered were easy to relate to?

YES NO I’M NOT SURE

1. Would you recommend this workshop to a friend?

YES NO I’M NOT SURE

1. What part of the workshop did you find the most useful?
2. How would you improve the workshop?
3. Overall how would you rate the workshop out of 10?
4. Any further comments or suggestions?

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