

Consent 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 I Heart Consent Workshops. Your feedback is important to us.

Name of Facilitator				
Date (DD/MM/YYY)				
Gender (please circle)	Man Woman Fluid Agender	Gender Queer Prefer not to say	Gender Other	
	_		_	
1. Have you ever atte	ended a class/worksh	op on sexual cons	ent before today?	
Please circle the most a	ppropriate answer:			
	Yes	No		
On a scale of 1-6 where most appropriate answe		e and 6 is strongly a	agree, please circle the	
1. Would you say you	fully understood sex	ual consent before	this workshop?	
Strongly Disagree			Strongly Agree	
1 2	3	4 5	6	
2. Do you feel you had consent from the wor		ou a better unders	tanding of sexual	
Strongly Disagree			Strongly Agree	
1 2	3	4 5	6	
3. Do you feel that the				
your feelings or opini	ons and discuss issue	s surrounding sex	ual consent?	
			Strongly Agree	
Strongly Disagree 1 2	3	4 5	6	

Strongly Disagree



Strongly Agree

Strongly Disagr 1	ee 2	3	4	5	Strongly Agree 6			
6. Do you think consent workshops should be made compulsory for students to attend when they arrive at University/College?								
Strongly Disagr 1	ee 2	3	4	5	Strongly Agree 6			
	recommend ot d/or at other in		attend a cons	ent w	orkshop at your			
8. What do yo	u think was th	e most useful	part of the w	orksh	op?			
9. How do you think the workshop could be improved?								
10. Out of 10, facilitator?	how do you ra	ite the delive	ance of the w	orksh/	op from your			
/10								
Thank you for t	aking the time t	o provide feedt	oack on the wor	kshop.				

5. Did you feel as though you were involved and engaged in discussion and you could relate to the content of the workshop?

