



## **#StandByMe 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 StandByMe workshops. Your feedback is important to us.

Stude	nts' Union:						
Name of Facilitator:							
Date (DD/MM/YYY):							
Gende	er:						
1)	On a scale of 1-6 where 1 appropriate answer:	is strongly dis	agree and 6	is strongly ag	ree,	please circle	the most
a)	a) I have gained a better understanding of rape culture and its impact on society						
	Strongly Disagree 1 2	3		4		Strongly Agree 6	
b)	b) I feel more confident to respond to disclosure after this training.						
	Strongly Disagree 1	2	3	4		Strongly Agre 5	e 6
c)	I feel like I know more about the different support pathways for student survivors at my Institution.						
	Strongly Disagree 1	2	3	4		Strongly Agree 5 6	
d)	d) The training was a safe and comfortable environment to express my feelings or opinions and discuss the issues surrounding sexual consent.						
	Strongly Disagree 1	2	3	4		Strongly Agre 5	e 6
2)	What was the most useful	part of the tra	ining?				

3) How do you think the workshop could be improved?





- 4) Would you recommend this workshop to other students? YES NO
- 5) Any other comments or feedback you would like to give us about the training?
- 6) Out of 10, how do you rate the delivery of the workshop from your facilitator?
  - /10

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