

# POST-EVENT ORGANISER'S EVALUATION FORM



Please complete and return this form within a month of your event. As a requirement of your mini-grant approval, please scan and email this application to [eo@ntmhc.org.au](mailto:eo@ntmhc.org.au)

Name of Your Organisation: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Date of the Event: \_\_\_\_\_ Time of the Event: \_\_\_\_\_

Event Venue: \_\_\_\_\_

Summarise your Event details in one paragraph: \_\_\_\_\_

Did you Collaborate with another Organisation for the Event?

Yes

No

Name of Organisation: \_\_\_\_\_

Who was represented in the Attendees?

Carers

Other: \_\_\_\_\_

Consumers

Sector Workers

General Public

**How did you publicise the Event?**

Newspaper

Radio

Television

Newsletter

Social Media (Facebook)

Word of Mouth

Other: \_\_\_\_\_

**Did you think this event was successful in achieving the objectives of Mental Health Week?**

Yes

No

---

---

**Overall, what was the feedback of your audience?**

Very Satisfied

Extremely Dissatisfied

Moderately Satisfied

Moderately Dissatisfied

Neutral

Other:

---

**In your opinion what aspect of your Event worked?**

---

---

---

**What could you have improved on in your Event?**

---

---

---

**Overall, what is your Evaluation of your Event?**

**Extremely Satisfied**

**Moderately Satisfied**

**Neutral**

**Moderately Dissatisfied**

**Extremely Dissatisfied**

**Thank you for completing this Evaluation form.**