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**Wyndham Learning Festival – [Event Name]**

**Template Feedback Form for Participants**

We value your feedback on the event/activity you attended.

This survey should take 5 minutes to complete.

1. Gender:
   * Male
   * Female
   * Other
   * Prefer not to state
2. Your Town/ City
3. Your Country
4. Age (tick box):

Under 12

13-18

19-35

36-50

51-65

66+

1. On a scale of 1 to 5 please tick how satisfied you were with this event/activity:
   * 1. = not satisfied 5 = very satisfied

1

2

3

4

5

1. On a scale of 1 to 5 please tick how satisfied you were with this event/activity as a learning experience:

1 = not satisfied 5 = very satisfied

1

2

3

4

5

1. How did you first hear of this event?
2. Can you tell us all the other ways you heard of this event? (choose as many as you like)

* Word of mouth
* Newspaper
* Social Media – Wyndham Learning Festival Facebook page or other FB page?
* Posters
* Library
* Wyndham Learning Festival Website
* Wyndham Learning Festival Program Guide
* Other

1. What other benefits/comments did you have from attending this event?
2. How likely would you be to attend a similar event in the future?
3. If you could make one suggestion for a better Learning Festival what would it be?
4. What other Wyndham Learning festival Events did you attend or sign up for?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_