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FEEDBACK REPORT ON EVENT FACILITATORS

Note – AFL Cape York welcomes your input as we have a system of review and self-assessment and your input is valuable to that process

FEEDBACK PROVIDER

Name:.....Telephone:.....

School [IF APPLICABLE]:.....Email:.....

Event:.....Facilitator:.....

Date:.....Event Venue:.....

VENUE

How would you rate the overall suitability of the venue? POOR/AVERAGE/GOOD/EXCELLENT

Any comments:.....

FACILITATOR PERFORMANCE

How would you rate the overall organization at the venue? POOR/AVERAGE/GOOD/EXCELLENT

Any comments:.....

How would you rate the overall facilitator organization and communication?

POOR/AVERAGE/GOOD/EXCELLENT

Any comments:.....

How would you rate the overall facilitator performance? POOR/AVERAGE/GOOD/EXCELLENT

Any comments?.....





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Was anything done particularly well which you feel warrants specific comment? YES/NO

Any comments:.....
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Did anything go wrong? YES/NO

Any comments:.....
.....

Is there anything AFL Cape York or the facilitator could have done better? YES/NO

Any comments:.....
.....

PARTICIPANTS

Were there any injuries? YES/NO If yes, provide details:-

NAMEINJURY.....

CAUSE.....ACTION TAKEN.....

How would you rate the overall enjoyment of the event by the participants?

POOR/AVERAGE/GOOD/EXCELLENT

Was there any particularly good or bad aspects you feel we should know about? YES/NO

Any comments:.....
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Do you have suggestions as to how this event or similar could be done better next time? YES/NO

If so, what are your suggestions?.....
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Any other comments?.....
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