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EVALUATION and FEEDBACK FORM

Your co-operation in completing this form will greatly assist MCTC to evaluate and improve the services we offer for all our clients and users.

You may either sign the form or leave it anonymous.

If you give your name, may we contact you to ask you more about your responses in order to understand more about client needs?

Yes No

In either case, may we, **with your permission**, use any of the information you give, anonymously, for our records and statistics which may then be used in our publicity material, annual report and/or to help us in our applications for grant funding?

Yes No

All feedback and suggestions for change are very welcome and we read and consider all evaluation forms. However, it should be understood that this evaluation is part of a bigger picture at the Centre and MCTC cannot guarantee to make changes based on every individual response.

Signed (Optional)

Print Name (Optional)

Date

Please tick boxes and write your comments in the relevant sections of the table overleaf (pages 2 & 3). Feel free to use further sheets for your comments if necessary.

Please return this form to MCTC as soon as possible after the end of your therapy, workshop or training.

Thank you

GENERAL	POOR	ADEQUATE	EXCELLENT	COMMENTS
Premises				
Accessibility				
Reception/ Welcome				
Ease of Booking				
THERAPY				
THERAPY	POOR	ADEQUATE	EXCELLENT	COMMENTS
Number of Sessions				
Quality of Sessions				
To what extent have you been helped by Therapy at MCTC?				
WORKSHOPS AND GROUPS				
WORKSHOPS AND GROUPS Including Breath of Life	NAME OF WORKSHOP/GROUP Etc			
	POOR	ADEQUATE	EXCELLENT	COMMENTS
Facilities				
Facilitation of Work				
To what extent have you been helped by the Workshop?				

TRAINING	NAME OF TRAINING COURSE			COMMENTS
	POOR	ADEQUATE	EXCELLENT	
Training Facilities				
Tutors				
Training Materials				
To what extent have you been helped by the Training?				
FINALLY	COMMENTS			
Please tell us how you have experienced MCTC's commitment to equality and inclusivity in terms of ethnicity, gender, sexual-orientation, disability etc?				
Would you recommend MCTC to family & friends?	YES	NO	COMMENTS	