

1. Please rate the following by ticking one column for each row.

|             | Poor                     | Below average            | Average                  | Good                     | Excellent                |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Room/ Venue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. What were your reasons for attending the workshop?

3. What did you think about the workshop? Please circle any or all words that apply.

- |                    |                     |                    |
|--------------------|---------------------|--------------------|
| Too short          | Interactive         | Timely             |
| Exciting           | Unhelpful           | Relevant           |
| Not relevant to me | Practical           | Overly complicated |
| Insightful         | Dull                | Interesting        |
| Confusing          | Not engaging        | Too long           |
| Efficient          | Too technical       | Interesting        |
| Overdue            | Not engaging        | Disorganized       |
| Repetitive         | Informative         |                    |
| Useful             | Overly bureaucratic |                    |

**4. To what extent do you believe this workshop has:**

| Component  | Strongly Agree           | Agree                    | No impact                | Disagree                 | Strongly Disagree        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Increased my understanding of levees                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased my understanding of the Bathurst levees                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased my understanding of my risk in terms of flooding in Bathurst | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased my knowledge of community flood plans                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enabled greater relationships between the community and NSW SES        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. What will be your plan if a flood was to occur in the future?**

**6. How could we improve the workshop?**

*Thank you for completing the evaluation form.  
Please hand the form to the facilitator.*