Sexual Violence and Harassment and Disclosure: Level 2

Your feedback

Thanks very much for taking part in this training.

Please let us know if we have your consent to share your anonymous comments in any future reports or publicity about the training by ticking as appropriate:

I do give my consent  □

I do not give my consent  □

General feedback

Did this Training meet your expectations? Yes: __________ No: __________

If Yes/No please add any additional comment:


Do you feel that you have a greater understanding of Sexual Violence and Harassment and Disclosure?

Yes:_________ No:_________


What did you find the most beneficial part of the training? Why?


What did you find the least beneficial part of the training? Why?


Did this training facilitate your participation?


**Feedback on key content**

Please indicate how far the training helped develop your knowledge and understanding, if at all, by rating your knowledge and understanding before and after the course. (1 = little or no knowledge and understanding, 10 = in depth knowledge and understanding.)

**Sexual violence and harassment**

**Before**

1 2 3 4 5 6 7 8 9 10

**After**

1 2 3 4 5 6 7 8 9 10

**Referral to another agency (Internal, police, as appropriate)**

**Before**

1 2 3 4 5 6 7 8 9 10

**After**

1 2 3 4 5 6 7 8 9 10
How to respond to disclosures and support survivors

**Before**

1  2  3  4  5  6  7  8  9  10

**After**

1  2  3  4  5  6  7  8  9  10

**Additional comments**