

# GREET'S GREEN ACCESS CENTRE

## CONFERENCE EVALUATION FORM



In order for us to continue providing a good quality service, we would be interested to know your views and comments on the event that you recently attended within the Conference Centre. Please complete this short evaluation form and return to us by fax or post or alternatively visit our website on [www.yca-sandwell.org.uk](http://www.yca-sandwell.org.uk) and click on 'Conference Facilities' and then 'Conference Evaluation Form'. If you require further information please contact us on **0121 525 3909**.

**Fax:** 0121 580 4979. **Post:** Conference Bookings, Yemeni Community Association in Sandwell Limited, Greet's Green Access Centre, Tildasley Street, West Bromwich, West Midlands. B70 9SJ.

**Date and title of event:** .....

**Please answer the following questions by ticking the boxes –**

**1 = Poor, 2 = Fair, 3 = Average, 4 = Very Good, 5 = Excellent, N/A = Not Applicable**

### Customer Service

- |                                  | 1                        | 2                        | 3                        | 4                        | 5                        | N/A                      |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1) How courteous were the staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) How helpful were the staff?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Centre Facilities

- |   | 1                        | 2                        | 3                        | 4                        | 5                        | N/A                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3) Did you find it easy to locate your room?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Please indicate which room(s) your event was held in .....   |                          |                          |                          |                          |                          |                          |
| 5) How would you rate the room provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Were all your requested audio/visual requirements provided? Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |
| If no please give details .....   |                          |                          |                          |                          |                          |                          |
| 7) How would you rate the audio/visual services?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Refreshments

- 8) Were any food and drink requirements met and to time scale? Yes  No

If no please give details .....

- |  | 1                        | 2                        | 3                        | 4                        | 5                        | N/A                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9) In general, how did you find the facilities provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Would you use us again for future events? Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |

Further comments or suggestions:

*Please use the other side of this sheet if needed*

*Thank you for taking the time to complete this evaluation form*