

**Consumer Voice Speaking Project
Evaluation Form**



Thank you for requesting a speaker from the Consumer Voice Project!

Please take the time to complete this evaluation form and return to:

Jhunu Schrapel, Coordinator Consumer Voice Project

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Organisation/Venue of Engagement	
Date of Engagement	
Name of Speaker	

Was the information presented? **Appropriate** **Inappropriate** **Other** **Please comment:**

Did the speaker challenge/change your original ideas? **Yes** **No** **Please comment:**

Have you gained new insight/awareness to gambling issues? **Yes** **No** **Please comment:**

Did the speaker help you in feeling comfortable about asking? **Yes** **No** **Please comment:**

Would you request a speaker again? **Yes** **No** **Please comment:**

Are there any other comments you would like to make?

Thank you for completing this evaluation form