

**Member Development Post-Event Evaluation Form**

**Please provide the Member Development Group with your feedback on the training that you recently attended.**

Event Title \*

Date Attended \* Date  
Attended Day  Month  Year

What aspect of your role was this event intended to support? \*

- Ward Councillor
- Committee or Scrutiny Panel Member or Chair
- Cabinet member
- Personal Development
- Other

Did this event improve your ability to carry out the above role? \*

Did this event improve your ability to carry out the above role?

- To a large extent
- Partly
- Not at all

Why? \*

Have you been able to put into practise what you learned? \*

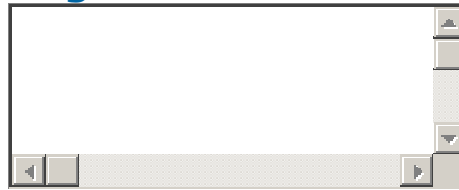
Have you been able to put into practise what you learned?

- To a large extent
- Partly
- Not at all

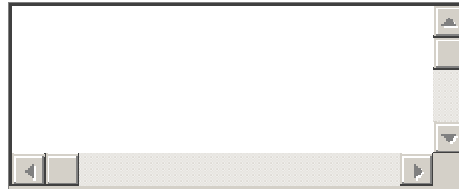
Why? \*

**Please describe any positive impact this training has had on the following:**

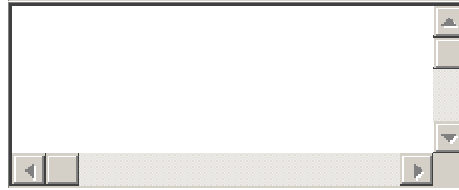
You as an individual \*



The Council \*



The Community \*



Any other comments? \*



Forename (leave blank to remain anonymous)

Surname (leave blank to remain anonymous)

Submit

Cancel