



MANCHESTER HISTORIES

Connecting people through histories and heritage

Event feedback form

Thank you for attending. Please tell us about your experience of today's event, by completing each side of this form and returning to us before you leave.

Event name:		Event date:	
Venue / Location:			

How did you hear about today's event?	
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How would you rate today's event overall?				
<input type="radio"/> Poor	<input type="radio"/> Adequate	<input type="radio"/> Good	<input type="radio"/> Very good	<input type="radio"/> Excellent

What did you enjoy most about today's event?
<i>For example: did you learn anything new, or did the event inspire you in any way?</i>

How would you have changed today's event to improve it?



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Have you been to a heritage or cultural event before?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

How did you travel to today's event?	
Rail	<input type="checkbox"/>
Tram	<input type="checkbox"/>
Bus	<input type="checkbox"/>
Car	<input type="checkbox"/>
Cycle	<input type="checkbox"/>
Walking	<input type="checkbox"/>
Other	

How likely are you to attend or take part in future Manchester Histories activities? <i>Please tick one.</i>				
Definitely not	Probably not	Possibly	Very likely	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other feedback you wish to share?

These optional questions help us understand who takes part in our events, improve future activity, and report on our work. Please only answer the questions you feel comfortable answering.

How would you describe your gender?	Do you identify as a disabled person / person with a long-term condition?
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say

How would you describe your sexuality? <i>Please self describe in the box on the right.</i>	
<input type="checkbox"/> Prefer not to say	



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How would you describe your ethnic origin? *Please tick one.*

Asian / Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Black / Black British

- Caribbean
 African
 Any other Black background

Mixed background

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background

White / White British

- White – British
 White – Irish
 White – Other

Any other Ethnic Group

- Arab
 Any other Ethnic Group
 Prefer not to say

How old are you?	0-19	20-34	35-49	50-64	65+	Prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your full postcode?	
If you live in Greater Manchester, which borough do you live in?	
If you live outside Greater Manchester, where do you live?	

Thank you for joining us today and for completing this form. Your feedback helps us learn, improve and plan future events and activities.