



# 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. Your feedback may be analysed using approved artificial intelligence (AI) tools to help identify themes and summarise responses. All findings are reviewed by Manchester Histories staff.

|                   |  |             |  |
|-------------------|--|-------------|--|
| Event name:       |  | Event date: |  |
| Venue / Location: |  |             |  |

|                                       |  |
|---------------------------------------|--|
| How did you hear about today's event? |  |
|---------------------------------------|--|

| 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? |
|---------------------------------------------------------|
|                                                         |

|                                                                                             |                          |
|---------------------------------------------------------------------------------------------|--------------------------|
| Have you been to a Manchester Histories event before?<br><i>If yes, tell us which below</i> |                          |
| 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?<br><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<br><input type="checkbox"/> Male<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure<br><input type="checkbox"/> Prefer not to say |

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

|                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How would you describe your ethnic origin? <i>Please tick one.</i>                                                                                                                                                                       |
| <b>Asian / Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other Asian background |
| <b>Black / Black British</b><br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Any other Black background                                                                            |
| <b>Mixed background</b><br><input type="checkbox"/> White and Black Caribbean<br><input type="checkbox"/> White and Black African<br><input type="checkbox"/> White and Asian<br><input type="checkbox"/> Any other mixed background     |
| <b>White / White British</b><br><input type="checkbox"/> White – British<br><input type="checkbox"/> White – Irish<br><input type="checkbox"/> White – Other                                                                             |
| <b>Any other Ethnic Group</b><br><input type="checkbox"/> Arab<br><input type="checkbox"/> Any other Ethnic Group                                                                                                                        |
| <input type="checkbox"/> 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 <b>borough</b> do you live in? |  |
| If you live <b>outside</b> Greater Manchester, where do you live?       |  |