

**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:

Maureen Germein, Consumer Voice Project Officer

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Organisation/Venue of Engagement	
Date of Engagement	
Name of Speaker	

Was the information presented? Appropriate ( <input type="checkbox"/> ) Inappropriate ( <input type="checkbox"/> ) Other ( <input type="checkbox"/> ) Please comment:
Did the speaker challenge/change your original ideas? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) Please give reasons:
Have you gained new insight/awareness to gambling issues? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) Please comment:
Did the speaker help you in feeling comfortable about asking questions Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
Would you request a speaker again? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) Please give reasons:
Are there any other comments you would like to make?