

9) Standard Facility / Misc. Questions

What is your occupational category? (Please tick ☒)

Administrative		Occupational Therapist		PSO	
Medical Officer		Psychiatrist		Registrar	
Nurses Div 1 or 3		Psychologist		Speech therapist	
Nurse Div 2		Physiotherapist		Social Worker	
Other (please describe)					

Which area mental health services do you work in?

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Training presentation facilities (Please Circle)

Poor Neutral Good

1	2	3	4	5	6	7	8	9	10
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Why have you given this score?

Training accommodation - seating comfort (Please Circle)

Poor Neutral Good

1	2	3	4	5	6	7	8	9	10
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Why have you given this score?

Training accommodation - acoustics (Please Circle)

Poor Neutral Good

1	2	3	4	5	6	7	8	9	10
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Why have you given this score?

Food quality (Please Circle)

Poor Neutral Good

1	2	3	4	5	6	7	8	9	10
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Why have you given this score?

Training location - ease of travel or parking (please specify) (Please Circle)

Poor Neutral Good

1	2	3	4	5	6	7	8	9	10
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Why have you given this score?

Other: (Please Circle)

Poor Neutral Good

1	2	3	4	5	6	7	8	9	10
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Why have you given this score?