Thank you for your interest in **RISE**.

To help us deliver the **RISE** course we would really appreciate you completing this short survey. This should take no more than 5 minutes.

Responses will remain anonymous (will not include your name or any contact details) and confidential (only members of the HERON collective will have access to the information). Taking part in this evaluation is voluntary (optional). You will not be disadvantaged in any way if you choose not to do the survey.

If you have any questions about the survey or would like to get in touch with further comments, please email **[name]** at **[email address].**

**Please tick to indicate that you agree:**

**Required consent:**

I confirm that I have read and understood the information above and agree to proceed with the survey.

 **Optional consent:**

I consent to my anonymous responses being included in reports.

**Thank you in advance for your time!**

**Please do not write your name on this form**

**INSERT YOUR FOUR DIGIT UNIQUE CODE HERE:**

**What is your age? ……**

|  |  |  |
| --- | --- | --- |
| **Which of the following do you identify with?**  | Male | Trans female |
|  | Female | Trans male |
|  | Non-binary  | Prefer not to say |
|  |  |  |

|  |
| --- |
| **Which of the following best describes your ethnicity?** |
|  | Arab | Mixed (White and Black Caribbean) |
|  | Bangladeshi | Other ethnic background |
|  | Black African | Other Asian background |
|  | Black British | Other Black background |
|  | Black Caribbean | Other mixed background |
|  | Chinese | Other White background |
|  | Gypsy/Romany | Pakistani |
|  | Indian | White British |
|  | Latin American | White Irish |
|  | Mixed (White and Asian) | White Scottish |
|  | Mixed (White and Black African) | White Welsh |

1. **A) Are you aware of any health/mental health issues affecting your local community?**
2. **Are any of these issues important or of interest to you?**

**Please summarise below**

1. **Please list 2 things you hope to gain from attending RISE**

|  |
| --- |
| **1.** |
| **2.** |

1. **On a scale of 1-10 (10 being the most confident), how confident would you feel about presenting in public? (Please tick)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  |  |  |  |  |  |  |  |  |

Not at all confident Extremely confident

**Thank you for your time!**