Thank you for attending the recent **RISE** sessions.

To help us evaluate and improve **RISE**, we would really appreciate you completing this short survey about your experiences. This should take no more than 5 minutes.

Responses will remain anonymous (i.e. will not include your name or any contact details) and confidential (i.e. only members of the HERON collective will have access to the information). Giving feedback 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].**

**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! Your feedback is important to us!**

**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 |

**Do you plan on studying further in the future?**

 **Yes No Don’t know**

1. **How would you rate the RISE programme? (Please tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not very enjoyable** | **Not enjoyable at all** | **Neutral** | **Enjoyable** | **Very enjoyable** |
|  |  |  |  |  |

1. **Would you recommend this RISE course to others? (Please tick)**

Yes No Don’t know

1. **A) Has the RISE course improved your understanding of health inequalities or interest in health research? (Please tick)**

Yes No Not sure

**B) If so , how?**

1. **On a scale of 1-10 (10 being the most confident), how confident do you feel about presenting in public now that you have completed RISE? (Please tick)**

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

Not at all confident Extremely confident

1. **Did you feel prepared for the presentation? (Please tick)**

 Yes No Not sure

1. **Can you describe two good things about the RISE sessions you attended?**

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

1. **Can you describe two things we could improve on?**

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

1. **Would you be interested in taking your research ideas forward if there was an opportunity to do so?**

Yes No Not sure

1. **Have you attended any of these HERON activities previously? (Please circle)**
2. SELPh (Photography)
3. RISE (Research methods)
4. Up&Running (Physical activity)
5. United One 4 All (Physical activity)
6. BRC Youth Awards (Work experience)
7. SWITCH (Spoken word)
8. Conference
9. None
10. Other

Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did you feel your accessibility needs were met (e.g. physical or hidden access needs such as dyslexia, event start/finish times)?**

Yes No N/A

1. **Any other feedback or comments?**

 **Thank you for your time!**