



OFFICIATING INFORMATION SESSION

PARTICIPANT FEEDBACK FORM

Please help us to monitor and improve our Officiating Information Sessions. Your comments will be treated with strict confidence.

Session Location: _____ **Date:** _____

Please rate the following statements by circling 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree

1. The session added to my skills & Knowledge	N/A	1	2	3	4	5
2. I now better feel better able to assist at my local Little Athletics centre / zone / Athletics club.	N/A	1	2	3	4	5
3. I now know more about the rules of competition	N/A	1	2	3	4	5
4. I now know more about the roles of officials	N/A	1	2	3	4	5
5. I now know more about the equipment used	N/A	1	2	3	4	5
6. I now more about safety considerations related to officiating	N/A	1	2	3	4	5
7. The delivery of the session was of a high quality	N/A	1	2	3	4	5
8. I enjoyed the session	N/A	1	2	3	4	5
9. The session met my expectations	N/A	1	2	3	4	5
10. I would recommend this session to others	N/A	1	2	3	4	5

Please answer the below questions.

1. What were the best features of the session? _____

2. In what ways could the session be improved? _____

3. Any other comments _____

Please turn over the page to view some optional questions.

4. **Optional:** If you found the 'Officials Information Session' to be valuable and would like to share your experience, please provide your testimonial. (Comments may be used in future promotions of this product but will remain anonymous).

5. **Optional:** If you are available and willing to receive a brief follow-up telephone call from Little Athletics NSW or Athletics NSW to help us appraise the quality of your experience, please fill in the below details:

First name: _____

Preferred contact phone number: _____

Best time/days to call: _____

Thank you for taking the time to provide us with your feedback!