

# Easy Evaluation (two day) workshops



Please fill in one form per person

Please select the date and location you will attend:

Name

Organisation

Address

City

Postcode

Phone number

Fax number

Email address

I am able to attend all days of the workshop.

*To help to us evaluate the reach of our service please provide the following information:*

Which ethnic group/s do you identify with?

Please describe the public health focus of your organisation (e.g., targeting communities, groups and environments rather than the delivery of personal health services):

Please describe your job role:

These workshops are popular and on occasions may be oversubscribed.  
We will confirm your registration by email.

*Please note the information you provide will be included in our reporting to the Ministry of Health. You may also be contacted after the workshop and invited to participate in an evaluation of the workshop.*