## **EVALUATION FORM SAMPLE 6-8 WEEKS AFTER THE WORKSHOP**

| Name:   |             |
|---|-------------|
| Organisation:   |             |
| Gender (please mark with 'x' or specify)  • female  • male  • other, please specify   |             |
| (We disaggregate data to check we are meeting the needs of HRDs   | 5)          |
| 1. For those working with others, have you shared what you learned colleagues?  | d with your |
| Yes How many? No  |             |
| 2. Since the workshop, has your organisation or you (if you are not organisation) done any of the following:  | in an       |
| <ul> <li>a. Generation/improvement of security plan</li> <li>- what do you think are its most important aspects?</li> <li>1.</li> <li>2.</li> <li>3.</li> </ul> | Y / N       |
| b. Office security improvement  | Y / N       |
| c. Travel/movement security procedures  | Y / N       |
| d. Assessment of security aspects of key activities   | Y / N       |
| e. Establishment / improvement of relationships with influential people   | Y / N       |
| f. Discussion of security issues when working with others   | Y / N       |
| g. Documenting and analysing security incidents   | Y / N       |
| h. Changes to increase well-being / reduce stress   | Y / N       |
| Comments:   |             |