Junior Volunteer Experience Evaluation

**Group Leader’s Name:**

**School / Group Name:**

**Trust Department/Area:**

**Date(s) of Experience:**

**Staff Supervisor’s Name:**

To enable us to assess how useful you have found your volunteer experience it would be very helpful if you would answer the following questions. This information will be used to develop the programme in the future. All responses will be treated as confidential.

1. What did you hope to learn from your experience?

1. Has this been achieved?

Yes No 🞎

1. Do you feel your group now has a better understanding of the work that is undertaken at Birmingham Women’s and Children’s NHS Foundation Trust and of careers in the NHS?

Yes 🞎 No 🞎

1. Do you feel that your experience may influence the career choices of any of the participants?

Yes 🞎 No 🞎

1. What did the group enjoy the most/least, and why?
   1. Enjoyed the most:

* 1. Enjoyed the least:.

1. In their own words, what did your students think of the event? (praise and constructive criticism equally welcome)

* First name (only)
* Comment

* First name (only)
* Comment

* First name (only)
* Comment

1. Any other comments (Feel free to tell us what worked for you, what didn’t and how we could improve things.)

**Thank You!**

*Group Leader – please return this form to the Volunteer Services Team*

Ieshea Daniel, Youth Engagement Officer

c/o Volunteer Services

Birmingham Women’s and Children’s NHS Foundation Trust

Mindelsohn Way, Edgbaston

Birmingham B15 2TG

ieshea.daniel@nhs.net