

**Event Management**

**DEBRIEF & EVALUATION FORM**

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| **SECTION 1 – EVENT DETAILS** |
| **Name of Event** |  |
| **Date of Event** |  |
| **Organisation** |  |
| **Attendees** |  |
| **Date of meeting** |  |

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| List or describe what you thought was successful or worked well in the area you were responsible for or involved in: |
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| List or describe what you thought was NOT successful or did not work in the area you were responsible for or involved in |
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| List Councils actions/recommendations for improvement of future events for the area that you were responsible for or involved in |
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| List or describe what you thought was successful or observed working well in the whole event |
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| List or describe what you thought was NOT successful or observed NOT working well in the whole event. |
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| Refer to event action plan if applicable as part of this evaluation process. (List CM9 reference) |
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| List your groups actions/recommendations for improvement of future events for the area that you were responsible for or involved in |
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| Any further comments or recommendations for future improvements of the event: |
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