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| --- | --- | --- | --- |
| **Name of Facilitator:** |  | **Date of Workshop:** | $10m |
| Department / agency: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Investment:** | Less than $500k | $500k - $10m | Above $10m |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How effective was the Facilitator?** | **Strongly disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly agree** |
| At the commencement of the workshop all participants were given a clear understanding of the role of the facilitator and the outcomes sought by the workshop |  |  |  |  |  |
| The opinions of the key participants were obtained and properly considered |  |  |  |  |  |
| The difficult questions that were pivotal to the success of this investment were identified and properly addressed |  |  |  |  |  |
| Hard evidence was sought to validate each statement of the investment story |  |  |  |  |  |
| The investment story is understood and accepted by all workshop participants |  |  |  |  |  |

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| **Comments:** |
|  |

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| --- | --- |
| **The Workshop was completed within 2 hours?** | **Yes / No** |
| If no, for how long did it run? | ( hrs: mins) |

|  |  |  |
| --- | --- | --- |
| **Would you be happy to be contacted by other ‘Investors’ seeking further information on the capability of this facilitator?** | | **Yes / No** |
| If yes, your name & position: |  | |
| Contact details (email &/or phone): |  | |