



	Definitely	Mostly	Sometimes	Never
I enjoyed the Own My Life Course.				
I learned a lot through the course.				
The course has helped me to understand my life better.				
The course facilitators were helpful and supported my learning.				
I like the Own My Story journal.				
I would recommend the course to other women.				
The course has changed my life.				

End of Course Evaluation Form



1. What did you enjoy most about the course?

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2. What did you enjoy least about the course?

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3. Do you have anything that you would like to say about the course facilitators?

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4. What did you like about the Own My Story journal?

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5. Is there anything that could be done to improve the journal?

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6. What improvements could be done to make the course better?

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7. What three words can you think of that most accurately describe the group?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

8. What would you say to a woman who is considering coming on the Own My Life Course?

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9. What would you say to an organisation who were thinking about funding the Own My Life Course?

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10. Is there anything else you would like to say about the course?

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End of Course Evaluation Form



				
	Definitely	Mostly	Sometimes	Never
I feel like I am in control of my life and my future.				
I can make sense of my life.				
Overall, I feel good about my life.				
I have family and/or friends that love and support me.				
I know where to go if I need help with difficulties in my life (e.g. money, health, job, education).				
I like and feel safe in my neighbourhood and/or community.				
I am as healthy as I can be.				
I feel safe.				
I know what domestic abuse is.				
I think that the things I see and hear in songs, newspapers, TV programmes, magazines, and adverts affect how I see myself and my life.				
I feel in control of my finances/money.				
If I am a parent and am in contact with my children, I feel able to meet their needs.				
If I am a parent, I am confident that my children know that I love them.				

End of Course Evaluation Form



1. How would you describe your gender?

Woman	
Man	
Non-binary	
Prefer not say:	
Other (please specify)	

2. Do you have the protected characteristic of gender reassignment according to the definition in the Equality Act? (The Equality Act 2010 defines this as a person proposing to undergo, is undergoing or has undergone a process - or part of a process - for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.)

Yes	
No	
Prefer not say	

3. What is your age?

16-18		36-55	
19-25		56-64	
26-35		Over 65	

4. Do you consider yourself to have a disability according to the definition in the Equality Act? (The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.)

Yes	
No	
Prefer not to say	

5. If yes, please choose from the following:

Blind/sight impairment	
Deaf/hearing impairment	
Mobility impairment	
Speech impairment	
Learning difficulties	
Mental health problems	
Long-term illness	
I'd rather not say	
Something else: (please describe)	

End of Course Evaluation Form



6. How would you describe your ethnicity?

**Asian / Asian British**

Afghan	
Bangladeshi	
Chinese	
Pakistani	
An Asian background: (please describe)	

Northern Irish/British	
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Irish	
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Gypsy or Irish Traveller	
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A White background: (please describe)	
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**Arab**

An Arabic ethnic group: (please describe)	
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**Black/African/Caribbean/Black British**

African	
Caribbean	
A Black/African/Caribbean background: (please describe)	

**None of the above**

Please describe:	
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**Mixed / Multiple ethnic groups**

White and Asian	
White and Black African	
White and Black Caribbean	
A Mixed/ Multiple ethnic background: (please describe)	

7. Do you have a faith/religion?

Agnostic		Jewish	
Atheist		Sikh	
Buddhist		Spiritual	
Christian		None	
Hindu		Other	
Islam		Please describe:	

**White**

English/Welsh/Scottish/	
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End of Course Evaluation Form



8. How would you describe your sexual orientation?

Bisexual	
Gay	
Lesbian	
Straight/Heterosexual	
Other	
Please describe:	

9. How would you self-identify your social class?

Working class	
Upper-working class	
Middle class	
Upper-middle class	
Upper class	
Other	
Please describe:	

10. What is your first language?

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11. If you feel able to say, how many children (under 18 years old) will be impacted by you having attended Own My Life? (These could be your children, step-children, children with you in kinship care.)

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Please leave your email address if you would like to be added to our mailing list:

End of Course Evaluation Form