

**Sewa Day Feedback Form**

Please complete this feedback form as accurately as possible. Feedback is collected online for a period of three months after Sewa Day which takes place in October of each year, but, you are welcome to provide feedback in written format (via this form) at any time.

Completed forms can be returned to: [harkishan@sewaday.org](mailto:harkishan@sewaday.org) (electronic version)

or

Sewa Day, 110 High Street, Edgware, Middlesex HA8 7HF (paper version)

Thank You

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**1. Date:** \_\_\_\_\_

**2. Your Name:** \_\_\_\_\_

**3. Your Email Address:** \_\_\_\_\_

**4. Organisation Name:** \_\_\_\_\_

**5. Project Name:** \_\_\_\_\_

**6. Which country did your project take place in?** \_\_\_\_\_

**7. Which of the three guiding Sewa Day criteria did your project meet (please tick as appropriate, you may choose more than one)?**

Helping to relieve hardship and poverty

Protecting the environment

Bringing a little joy

**8. How much time did your organisation spend in the preparation and organisation of your event prior to Sewa Day (please give the total time spent in hours)?** \_\_\_\_\_

**9. How many volunteers took part?** \_\_\_\_\_

**10. How much time did your event take to complete on Sewa Day (please give the total time spent in hours)** \_\_\_\_\_

**11. How much did it cost you to organise your event prior to Sewa Day (include expenses, but exclude time spent unless consultancy fees were paid) £** \_\_\_\_\_

**12. What were the ages of your volunteers (please indicated the total number of people in each age category)?**

Ages 0 – 11 \_\_\_\_\_

Ages 12 – 16 \_\_\_\_\_

Ages 17 – 25 \_\_\_\_\_

Ages 26 – 40 \_\_\_\_\_

Ages 40 – 60 \_\_\_\_\_

Ages 60+ \_\_\_\_\_

**13. Please indicate the makeup of the volunteers (the number of people in each category).**

Children (under the age of 18) \_\_\_\_\_

Students (aged 18 & above) \_\_\_\_\_

Professionals & Employees \_\_\_\_\_

Self-employed \_\_\_\_\_

Other (*please specify*) \_\_\_\_\_

Retired \_\_\_\_\_

**14. How many people benefited from your event on Sewa Day (estimate this based on attendees and/or users of the services you provided)?** \_\_\_\_\_

**15. How likely were you to have hosted this volunteering event this year without Sewa Day (please tick as appropriate)?**

Unlikely

Somewhat likely

Likely

Very Likely

Definitely

**16. Please outline briefly what events you would have hosted without Sewa Day?**

**17. Have you applied for a Sewa Pioneers Award (please tick as appropriate)?**

Yes

No – did not know about the awards

No – did not wish to apply

**18. How likely are you to participate in Sewa Day next year (please tick as appropriate)?**

Unlikely

Somewhat likely

Likely

Very Likely

Definitely will participate

**19. If you answered 'Unlikely' to the previous question, please can you give the main reason for your decision.**

**20. What additional support would you like from the Sewa Day team next year? Please also provide any general feedback here.**

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