

Remote AOD Workforce Resource Evaluation

Name: _____ Organisation: _____

Date: _____ Phone: _____

Email: _____

1. What Resource/s did you use?

2. In what way was this resource/s used? E.g. direct clinical setting, family support, and education and/or presentation purposes.

3. What type of client did you use this resource on? Please tick all that applies.

Youth Adult Male Female Other

If other, please provide short detail

4. Did you feel the resource/s met your needs with your client?

5. Would you use the resource/s again?

6. Would you recommend this resource/s to other agencies?

Thank you for taking the time to complete this evaluation 😊

Please send the completed form to Remote Alcohol and Other Drugs Workforce Program Support Unit. P: (08) 8951 9126 E: jessica.thompson@nt.gov.au W: www.remoteaod.com.au