



Participant Answer Sheet

Please use the grid below to record your answer/s for each question as it is presented.

Name:

Organisation:

Date:

| Question | Options | A | B | C | D | E | Score |
|------------------------|------------------------------------|---|---|---|---|---|-----------------|
| Question 1: Session 1 | Tick three boxes | | | | | |/3 |
| Question 2: Session 1 | Write the correct order (eg, ABCD) | | | | | |/1 |
| Question 3: Session 2 | Tick two boxes | | | | | |/2 |
| Question 4: Session 2 | Tick one box | | | | | |/1 |
| Question 5: Session 2 | Tick three boxes | | | | | |/3 |
| Question 6: Session 3 | Tick one box | | | | | |/1 |
| Question 7: Session 3 | Tick one box | | | | | |/1 |
| Question 8: Session 3 | Tick one box | | | | | |/1 |
| Question 9: Session 3 | Tick one box | | | | | |/1 |
| Question 10: Session 4 | Tick one box | | | | | |/1 |
| Question 11: Session 4 | Tick one box | | | | | |/1 |
| Question 12: Session 4 | Tick one box | | | | | |/1 |
| Question 13: Session 4 | Tick three boxes | | | | | |/3 |
| Total | | | | | | |/20 |