

## Annex 5 Multiplier Event Assessment Form

Dear Sir Madam;

We kindly ask you to fill in the questionnaire and to evaluate the multiplier event of BENEFIT project, Which is held.....your valuable opinion, comments and suggestions will help us to evaluate our project quality and outputs.

1. Your age:.....

2. Gender: Male  Female  Non-binary

3. Your profession:.....

4. Experience in your profession.....years.

5. Your education level:  Student  Collage  Bachelor  Master degree  PhD and upper

Please circle a number (for example **3**) at each statement according to following criteria:

Multiplier Event	Strongly dissatisfied 1	Dissatisfied 2	Neither Dissatisfied or Satisfied 3	Satisfied 4	Strongly Satisfied 5
1. Invitation	1	2	3	4	5
2. Place of event	1	2	3	4	5
3. Time of event	1	2	3	4	5
4. Theme of event	1	2	3	4	5
5. Organization	1	2	3	4	5
6. Presentations	1	2	3	4	5
7. Coffee breaks	1	2	3	4	5
	Strongly disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly agree 5
8. I am interested in transcultural nursing education prior to this event	1	2	3	4	5
9. A content on transcultural nursing skills is required to be integrated in nursing education.	1	2	3	4	5
10. BENEFITS project contributes to the nursing education.	1	2	3	4	5
Please indicate the important characteristics of this EVENT that have been most valuable to your overall learning experience.					
Please indicate the characteristics of this EVENT you feel are most important to improve (particularly those aspects not mentioned elsewhere on this form).					

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