**Evaluation Form**

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |

Please answer the following questions on a scale of 1- 5. Consider the questions below. Think about how things were before you got the device and training and what you’ve learnt and how you use the device now.

***Compared to before you had the device:***

1. **Are you better connected with other people** e.g. through email; social media – facebook; whatsapp, using word to write; uploading documents, photos etc; using video, Zoom etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

1. **Are you better at accessing information** e.g. finding information and resources or support, using UC account, or online banking, , accessing services – council, NHS etc, using online tools like budgeting or benefits calculators etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

1. **Are you more confidence to use** **services, make a purchase, made savings or manage your money online** e.g. setting up or using an Amazon account; filling forms like voter registration, NHS prescriptions etc; paying by card; managing your money through an online bank account/app; making savings using comparison sites etc

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

1. **Are you more confident in finding, managing and storing information?**. Using the internet to research, backing up data e.g on cloud; streaming services like iplayer etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

1. **Has your access information or opportunities for work and/or education improved e.g.** job searching, applying for jobs online, interview by Zoom, studying online; working remotely etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

1. **Has having access to a device improved your overall quality of life?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

1. **Do you feel safer and more confident online** ie. about protecting your privacy and data, being responsible online; cookie consent; using anti -virus, using passwords; browsing securely etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all1 | 2 | 3 | 4 | Significantly5 |
| Please give an example or explain your answer: |

|  |  |
| --- | --- |
| Are any others in your household benefiting from this device e.g. access services for  | Who? |
| elderly parents or helping school children to do their homework etc | How many? |
| If yes, how has having access to a device impacted you and/or your family/household?  |
|  |
| Do you have any additional comments or suggestions for how we can improve this programme to better meet the needs of the people receiving the device? E.g. more, better, different training or support etc. |
|  |

**We will use your details and answers anonymously.**

May we contact you again to see how you are getting on with the device? YES / NO

If yes, please provide your details:

|  |
| --- |
| **Contact details:** |
| Contact Number  | Click here to enter text. |
| Email Address | Click here to enter text. |

Thank you for your time and feedback. This will help us to improve our project to make sure we provide the best service possible.