

Sitting Volleyball Program 2025 Survey

Did you enjoy our Sitting Volleyball Program? Do you have any feedback? Let us know!
Contact email address
(Required) 1. Which Sitting Volleyball Program did you attend? Example: Sports Halls Friday
2. (Required) 2. Participant's age?
3. 3. Participant's gender?
4. 4. Participant's ethnicity?
5. (Required) 5. Is this the first time the participant has attended our Sitting Volleyball Program?
6. (Required) 6. How did you hear about our Program?
7. 7. What was the participant's favourite part of the program?

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8. (Required) 8. How satisfied were you with our Program? (Please tick ONE option)
very satisfied
satisfied
unsatisfied unsatisfied
ursatisfied very unsatisfied
9. (Required) 9. How satisfied were you with our coaches? (Please tick ONE option)
very satisfied
☐ satisfied
unsatisfied unsatisfied
very unsatisfied
10. (Required) 10. How satisfied were you with the Venue? (Please tick ONE option)
very satisfied
satisfied
unsatisfied
very unsatisfied
11. (Required) 11. How satisfied were you with the registration process? (Please tick ONE option)
very satisfied
satisfied
unsatisfied
very unsatisfied
12. (Required) 12. How satisfied were you with the communication from Volleyball NSW? (Please tick ONE option)
very satisfied
☐ satisfied
unsatisfied unsatisfied
very unsatisfied
13. 13. Do you have any suggestions on how we can make the program more engaging and accessible?

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14. (Required) 14. How likely is it that you would recommend our Sitting Volleyball Program to a friend? (Please tick ONE option)
very likely
☐ likely
☐ unlikely
very unlikely
15. (Required) 15. How likely are you to attend another Sitting Volleyball Program? (Please tick ONE option)
very likely
□ likely
☐ unlikely
☐ very unlikely

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