

## Questionnaire

The YABIF committee members are currently in the process of agreeing our planned events for the forthcoming year. To ensure that the focus of these events and setup is of relevance, please can you find a couple of minutes to complete the following:-

**1. Which organisation do you represent and what is your profession or role?**

*Please include your name and email address if you are happy to remain on or be added to our mailing list.*

**2. Please indicate the age of individuals you primarily work with.**

- Over 18 years  
 Under 18 years

**3. Which areas are you interested in and would like to be covered in the YABIF events?**

*Please tick all appropriate boxes below:-*

- |   |  |
|---|--|
| <input type="checkbox"/> Education System               | <input type="checkbox"/> Psychological/behaviour and personality changes |
| <input type="checkbox"/> Paediatric                     | <input type="checkbox"/> Legal   |
| <input type="checkbox"/> Technology                     | <input type="checkbox"/> Safeguarding                                    |
| <input type="checkbox"/> Healthcare and Rehabilitation  | <input type="checkbox"/> Referral Pathways                               |
| <input type="checkbox"/> Medical and condition specific | <input type="checkbox"/> Lobbying  |
| <input type="checkbox"/> Networking                     | <input type="checkbox"/> Other: <i>please specify here</i>               |

**4. Please indicate your preferred time for events to take place:**

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> 8.00 am  | <input type="checkbox"/> 2.00 pm |
| <input type="checkbox"/> 10.00 am | <input type="checkbox"/> 4.00 pm |
| <input type="checkbox"/> 6.00 pm  |                                  |

**5. Preferred frequency of events**

- Bi-monthly
- Quarterly
- Every six months

**6. Preferred venue**

- Office
- Bar
- Other: *please specify here*

**7. Preferred length of event**

- 1 hour
- 2 hours
- 3 hours
- Full day conference once a year

**8. Preferred format of event?**

- Interactive (*e.g. stands, activities etc*)
- Presentations
- Workshop
- Other: *please specify here*

**9. Preferred location for ease of travel?**

- North Yorkshire
- East Riding and Hull
- West Yorkshire
- Other: *please specify here*

**10. Please feel free to provide any further comments or suggestions below:-**

Thank you for taking the time to provide this feedback and we look forward to welcoming you to future events.

Please return completed questionnaires to [lisa.cutsey@nhs.net](mailto:lisa.cutsey@nhs.net)