



Name: _____

Role: _____

The Cornerstone training/concierge event was effective in...(Please click applicable)

Expanding my knowledge of Cornerstone's VR™ Programme

1	2	3	4	5
Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective

Expanding my knowledge of the application(s) of Cornerstone VR™

1	2	3	4	5
Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective

Providing me with the skills/knowledge to further improve my practice using VR

1	2	3	4	5
Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective

Which VR experience(s) did you find most useful?

1	2	3	4	5	6	7	8	9	10	11	12	13
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Certified VR Practitioners only

What purpose do you intend to use Cornerstone's VR™ Programme?

- Recruitment
- Assessment
- Training
- Family finding
- Transformation & change management
- Post placement support
- Other (please specify below _____)

Who is your primary client base?

- Foster carer
- Adopter
- DV perpetrator
- DV survivor
- Birth parent
- Special Guardian