Water Polo NSW
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Metro Academy Term 2 Review

Hi All,

Thank you for your participation in the Term 2 Metro Academies.

WPNSW would like to hear your thoughts on the Academy sessions. We appreciate you taking the time to complete this survey to help us improve these programs in the future.

Demographic information

Age: **Gender identity:** **Post code:**

1. (Required) Which Born Year Academy did you attend? (Please tick ONE option)

- ☐ B07
- ☐ B06
- ☐ B05
- ☐ B04/03

2. (Required) Overall how satisfied were you with the Term 2 academy sessions? (Please circle ONE option)

N/A 0 1 2 3 4 5 6 7 8 9 10

3. (Required) Were you satisfied with the quality of Water Polo Coaching you received for your age group? (Please tick ONE option)

- ☐ Yes
- ☐ No

4. (Required) If no, please explain?

5. (Required) Were the skills learnt at the sessions valuable to you as a player?

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6. (Required) How would you improve the sessions?

7. (Required) What did you enjoy about the sessions?

8. (Required) Were you satisfied with the training duration? (Please tick ONE option)

- ☐ Yes
- ☐ No

9. (Required) Are you happy with the current level of communication regarding academy sessions? (Please tick ONE option)

- ☐ Yes
- ☐ No

10. (Required) Will you be attending academy sessions in Term 3? (Please tick ONE option)

- ☐ Yes
- ☐ No

11. (Required) Are you happy with the facility and location of the academy sessions? (Please tick ONE option)

- ☐ yes
- ☐ no

12. (Required) If no, please explain?

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13. (Required) Are you satisfied with the cost of the Academy program? (Please tick ONE option)

- [ ] yes
- [ ] no

14. (Required) Are you happy to attend a morning session and an afternoon session? (Please tick ONE option)

- [ ] yes
- [ ] no

15. (Required) if no, please explain?

16. (Required) How can WPNSW improve the Academy program?

17. (Required) Additional Comments

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