

## CPD activity feedback form

CPD activity: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was this activity relevant to your practice/work/study?  
 Yes       Partially       No
  
2. Having attended this activity, how confident would you be if required to apply knowledge of this topic area in your clinical practice?  
 Extremely     Quite       Somewhat       Slightly     Not at all
  
3. How would you rate the presenter's knowledge?  
 Very good     Good       Okay       Poor       Very poor
  
4. How would you rate the content of the activity?  
 Very good     Good       Okay       Poor       Very poor
  
5. How would you rate the delivery of the activity?  
 Very good     Good       Okay       Poor       Very poor
  
6. Overall, how satisfied were you with this activity?  
 Very satisfied     Satisfied     Neutral     Unsatisfied     Very unsatisfied
  
7. What topics would you like to be discussed at future activities?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Any other comments?  
\_\_\_\_\_  
\_\_\_\_\_

Your contact details (optional)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_