** CPD Activity Feedback Form**

CPD Activity:

Event ID: Session ID:

Venue: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Please rate the following (place tick):** | **Not Relevant** | **Partially Relevant** | **Relevant** |
| Relevant to your practice/work/study |  |  |  |
| **Please rate the following (please tick):** | **Not Met** | **Partially Met** | **Entirely Met** |
| To what extent were the stated Learning Objectives met? |  |  |  |
| To what extent were your personal Learning Needs met? |  |  |  |
| **Please rate the following (place tick):** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | **Not Applicable** |
| Presenter/s knowledge of topic |  |  |  |  |  |  |
| Content of presentation |  |  |  |  |  |  |
| Delivery of presentation |  |  |  |  |  |  |
| Quality of venue |  |  |  |  |  |  |
| Quality of catering |  |  |  |  |  |  |
|  |
| Overall, how would you rate the evening? |  |  |  |  |  |  |
| **Are you interested in attending future CPD Activities held by this Provider (please circle)?** | Yes | No |
| **What topics would you like discussed at future sessions?** |  |

Contact Details (optional):

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

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