

CPD Activity Feedback Form

CPD Activity: _____

Was this activity relevant to your practice/work/study?	<input type="checkbox"/> No	<input type="checkbox"/> Partially	<input type="checkbox"/> Yes
To what extent were the stated Learning Objectives met?	<input type="checkbox"/> Not Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Entirely Met
To what extent were your personal Learning Goals met?	<input type="checkbox"/> Not Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Entirely Met

Please rate the following (place tick):	Poor	Fair	Good	Very Good	Excellent	Not Applicable
Presenter/s knowledge of topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in attending future CPD Activities held by this Provider?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
What topics would you like discussed at future sessions?						

Contact Details (optional):

Name: _____

Phone: _____

Email: _____