**CPD Activity Feedback Form**

**CPD Activity: ECOV/SA Anterior Eye Seminar**

**Event ID:**  **90003562** **Session ID: ECOVSAAE**

**Venue: The Majestic Roof Garden Hotel, Adelaide**  **Date: 11 October 2021**

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| **Please rate the following  (please tick box):** | | **Not Relevant** | | **Partially Relevant** | | | **Relevant** | |
| Relevant to your practice/work/study | |  | |  | | |  | |
| **Please rate the following  (please tick box):** | | **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  (please tick box):** | | **Poor** | **Fair** | **Good** | **Very Good** | | **Excellent** | **Not Applicable** |
| **Rebekah Hopps** | |  |  |  |  | |  |  |
| Knowledge/Content of presentation | |  |  |  |  | |  |  |
| Delivery of presentation | |  |  |  |  | |  |  |
| **Dr Paul Athanasiov** | |  |  |  |  | |  |  |
| Knowledge/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 events (please circle)?** | | Yes | | | | No | | |
| **What topics would you like discussed at future sessions?** | |  | | | | | | |
| **Contact Details:** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |