**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** |[x] [ ] [ ] [ ] [ ] [ ]
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |