**CPD Activity Feedback Form**

**CPD Activity: ECOV/SA Ocular Oncology Webinar**

**Event ID:**  **90003272** **Session ID: ECOOOW**

**Venue: ZOOM Webinar** **Date: 17 March 2021**

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| **Please rate the following  (please click box):** | **Not Relevant** | | **Partially Relevant** | | **Relevant** | |
| Relevant to your practice/work/study |  | |  | |  | |
| **Please rate the following  (please click 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 click box):** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | **Not Applicable** |
| **David Sia** |  |  |  |  |  |  |
| Knowledge/Content of presentation |  |  |  |  |  |  |
| Delivery of presentation |  |  |  |  |  |  |
| **Amanda Edgar** |  |  |  |  |  |  |
| Knowledge/Content of presentation |  |  |  |  |  |  |
| Delivery of presentation |  |  |  |  |  |  |
| How was your experience using Zoom for this webinar? |  |  |  |  |  |  |
| Overall, how would you rate the webinar? |  |  |  |  |  |  |
| Are you interested in attending future CPD Activities held in ZOOM (please click box and advise why)? | **Yes** | | | **No** | | |
| **Why?** Click here to enter text. | | | | | |
| **What topics would you like discussed at future sessions?** | Click here to enter text. | | | | | |
| **Contact Details:** | Name: Click here to enter text. Phone: Click here to enter text.  Email: Click here to enter text. | | | | | |