**CPD Activity Feedback Form**

**CPD Activity: Regional Series – Adelaide Evening Webinar**

**Event ID:**  **90003431** **Session ID: RSAROAE Date: 27 July 2021**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |
| **Mitchell Hancock** |  |  |  |  |  |  |
| 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 (optional):**

Name: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.