**CPD Activity Feedback Form**

**CPD Activity:  ECOV/SA Diabetes: Collaborative Care in Action Webinar**

**Event ID:**  **90004330** **Session ID: ECOVSADCCI**

**Venue: ZOOM Webinar**  **Date: 1 August 2022**

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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 your personal learning needs met? |[ ] [ ] [ ]
|  | **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly disagree** |  |
| I found the information session relevant |[ ] [ ] [ ] [ ] [ ] [ ]
| I found the presenters to be knowledgeable and engaging |[ ] [ ] [ ] [ ] [ ] [ ]
| How was your experience using Zoom for this webinar? |[ ] [ ] [ ] [ ] [ ] [ ]
| Overall, how would you rate the webinar? |[ ] [ ] [ ] [ ] [ ] [ ]
| Are you interested in attending future OV/SA events (please circle)? | [ ]  **Yes** | [ ]  **No** |
| Are you interested in attending future CPD Activities held in ZOOM (please click box and advise why)? | **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.Email: Click here to enter text. Phone: Click here to enter text.  |