**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. | | | | | | |