**CPD Activity Feedback Form**

**CPD Activity: ECOV/SA Practical Paediatric Prescribing Webinar**

**Event ID:**  **90004039** **Session ID: ECOVSAPPP**

**Venue: ZOOM Webinar**  **Date: 21 February 2022**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| **A/Prof Ann Webber** | |  |  |  |  |  |  |
| Knowledge/Content of presentation | |  |  |  |  |  |  |
| Delivery of presentation | |  |  |  |  |  |  |
| **Tim Fricke** | |  |  |  |  |  |  |
| 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 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. | | | | | | |