**CPD Activity Feedback Form**

**CPD Activity: ECOVSA Inherited Retinal Disease webinar**

**Event ID:**  **90004781** **Session ID: ECOVSAIRD**

**Venue: Zoom Webinar Date: 24 July 2023**

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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 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** |
| **Ceecee Britten-Jones** |  |  |  |  |  |  |
| Knowledge/Content of presentation |[ ] [ ] [ ] [ ] [ ] [ ]
| Delivery of presentation |[ ] [ ] [ ] [ ] [ ] [ ]
| **Doran Hickey** |  |  |  |  |  |  |
| 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 OV/SA events (please tick)? | [ ]  **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |