**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |