** CPD Activity Feedback Form**

**CPD Activity: Fitness to Drive: Demystifying VicRoads Medical Review and maximising collaborative care webinar**

**Event ID:**  **90003056** **Session ID: FTD**

**Venue: ZOOM Webinar** **Date: 20 October 2020**

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| **Please rate the following  (please click box):** | **Not Relevant** | | **Partially Relevant** | | **Relevant** | |
| Relevant to your practice/work/study |  | |  | |  | |
| **Please rate the following  (please click 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 click box):** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | **Not Applicable** |
| Presenter/s knowledge of topic |  |  |  |  |  |  |
| Content of presentation |  |  |  |  |  |  |
| Presenter/s 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 Activities held in ZOOM (please click box and advise why)? | **Yes** | | | **No** | | |
| **Why?** Click here to enter text. | | | | | |
| **What topics would you like discussed at future sessions?** | Click here to enter text. | | | | | |

**Contact Details (optional):**

Name: Click here to enter text. Phone: Click here to enter text.

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