** CPD Activity Feedback Form**

**CPD Activity:** OV/SA **Regional Series Webinar – Can I treat this patient?**

**Event ID Matinee: 90002853** **Session ID Matinee: RSMWRLR**

**Event ID Evening:**  **90002855 Session ID Evening: RSEWRLR**

**Venue: ZOOM Webinar** **Date: 17 June 2020**

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| Which Session did you attend? | [ ]  **Matinee** | [ ]  **Evening** |

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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.

Email: Click here to enter text.