

Title
Date

Please complete this sheet as fully as possible so that we can use your experience to continue to develop and improve our services and the support we provide.

1. We are interested in exploring the impact of today's event. Please rate, **at the start of the day**, your knowledge, skills and confidence in the topics covered by this event

	Very high					Very low				
	5	4	3	2	1					
knowledge										
skills										
confidence										

2. Please rate the quality of the content

Very good	Good	Neither good nor poor	Poor	Very poor
5	4	3	2	1

Comments:

3. Please rate the style of presentation

Very good	Good	Neither good nor poor	Poor	Very poor
5	4	3	2	1

Comments:

4. Please rate how far this event met the learning objectives

Fully met		Not met at all		
5	4	3	2	1

Comments:

5. Please rate the likely impact on your practice

Very high	High	Neither high nor low	Low	Very low
5	4	3	2	1

Please explain the barriers / enablers to using in practice

6. We are interested in exploring the impact of today's event. Please rate, **at the end of the day**, your knowledge, skills and confidence in the topics covered by this event

	Very high				Very low
	5	4	3	2	1
knowledge					
skills					
confidence					

7. Please use this space for any additional feedback that you would like to give

Comments:

Thank you for taking the time to complete this feedback form.