**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 |  |  |  |  |  |

1. Please rate the quality of the content

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

*Comments:*

1. Please rate the style of presentation

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

*Comments:*

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

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fully met Not met at all | | | | |
| 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |

*Comments:*

1. 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*

1. 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 |  |  |  |  |  |

1. 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.