



# BAA CPD Event Evaluation Form v4

You have gained CPD credit for attending this event. Please complete this questionnaire so that we can gain valuable information on how to improve future events

NAME OF THIS EVENT:

DATE OF EVENT:

YOUR NAME (optional).....

RATING SYSTEM: (circle as appropriate)                      strongly agree                      strongly disagree

Event objectives were clearly stated                      5      4      3      2      1

The target audience was clearly apparent                      5      4      3      2      1

The meeting was relevant to my educational needs                      5      4      3      2      1

I learnt a great deal from the event                      5      4      3      2      1

The event will change my clinical practice                      5      4      3      2      1

The speakers communicated effectively                      5      4      3      2      1

The information was well presented                      5      4      3      2      1

There was sufficient time available for discussion                      5      4      3      2      1

The event was very well structured                      5      4      3      2      1

The organisation of the meeting was efficient                      5      4      3      2      1

The accommodation was suitable                      5      4      3      2      1

The catering was very good                      5      4      3      2      1

The meeting avoided all undue commercial bias                      5      4      3      2      1

1. How did you learn about the event?  
.....

2. What was the best aspect of the course?  
.....

3. What was the poorest aspect of the course?  
.....

4. What is your suggestion for the **single most useful** change to the course?  
.....

**Thank you for taking the time to complete this form**

Please return to: