CPD ACTIVITY EVALUATION

|  |  |
| --- | --- |
| Title of Activity: | Date of Activity: |
| Endorsement No. |

***Completion of this evaluation is anonymous; however, members are required to complete the CPD Activity Reflection on a separate page for points to be accrued.***

*To assist us in better meeting your professional development needs for the future, please provide us with feedback on:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Satisfaction Rating: | | | |
| Highly Satisfied | Very Satisfied | Satisfied | Not Satisfied |
| Presenter 1: | 🞎 | 🞎 | 🞎 | 🞎 |
| Presenter 2: | 🞎 | 🞎 | 🞎 | 🞎 |
| Presenter 3: | 🞎 | 🞎 | 🞎 | 🞎 |
| Presenter 4: | 🞎 | 🞎 | 🞎 | 🞎 |
| Learning objectives:  1. | 🞎 | 🞎 | 🞎 | 🞎 |
| 2. | 🞎 | 🞎 | 🞎 | 🞎 |
| 3. | 🞎 | 🞎 | 🞎 | 🞎 |
| 4. | 🞎 | 🞎 | 🞎 | 🞎 |
| Comments: | | | | |
| Overall, this activity has met my needs in relation to this topic | 🞎 | 🞎 | 🞎 | 🞎 |

CPD Evaluation August 2015

**CPD ACTIVITY REFLECTION**

***NB: Members need to have signed the Attendance Sheet and handed in their completed CPD Activity Reflection for CPD points to be accrued.***

|  |  |
| --- | --- |
| **Member’s Name or Membership No (4 digits):** | **Date of Activity:** |
| **Title of Activity:** | **CPD Endorsement No.** |

|  |
| --- |
| **Please enter a detailed reflection of the professional development gained from this activity:** |
| **What did you learn from this activity?** |
| **What topics would you like to explore in future CPD activities?** |

CPD Reflection August 2015