**Appendi****x VII**

**<Title of the CPD activity>**

**organized by <name of CPD Programme Provider>**

**Feedback Form**

*Thank you for completing this questionnaire designed to collect participants’ feedback on the CPD activity. The data obtained will be used collectively for evaluation purposes of the CPD Programmes.*

|  |  |
| --- | --- |
| **Date & Time of the programme** | : |
| **Venue of the programme** | : |

* 1. **Please give your ratings at the following spaces provided.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Satisfactory** | **Unsatisfactory** | **Poor** |
| 1. **Educational objectives being achieved** | |  |  |  |  |  |
| 1. **Knowledge imparted** | |  |  |  |  |  |
| 1. **Practicability and of good reference** | |  |  |  |  |  |
| 1. **Content coverage** | |  |  |  |  |  |
| 1. **Pace** (Too fast/Too slow) | |  |  |  |  |  |
| 1. **Training approach and method** | |  |  |  |  |  |
| 1. **Teaching and presentation skill** | |  |  |  |  |  |
| 1. **Suitability of venue** | |  |  |  |  |  |
| 1. **Duration of programme** (Too long/Too short) | |  |  |  |  |  |
| 1. **Overall rating** | |  |  |  |  |  |

* 1. **Do you have any other comments on the CPD activity ?**

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* 1. **Are there any CPD programmes you would like to attend ?**

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| --- | --- | --- |
| **Signature** | : |  |
|  |  | **( Optional )** |
| **Name** | : |  |
|  |  | **( Optional )** |

***Thank you.***