## Appendix XIII

**<Title of the CPD Activity>**

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

**Feedback Form**

**for the 2023 - 2025 CPD Cycle**

*This questionnaire is designed to collect participants’ feedback on the CPD activity. The data obtained will be used collectively for evaluation purposes of the CPD activity.*

|  |  |
| --- | --- |
| **Date & Time of the Activity** | :  |
| **Mode of Attendance** | : □ Online with live streaming□ Online (on demand)□ Physical Attendance |

##### Please give your ratings at the following spaces provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Satisfactory** | **Unsatisfactory** | **Poor** |
| **1. Educational objectives being achieved** |  |  |  |  |  |
| **2. Knowledge imparted** |  |  |  |  |  |
| **3. Practicability and of good reference**  |  |  |  |  |  |
| **4. Content coverage** |  |  |  |  |  |
| **5. Pace** (Too fast/Too slow) |  |  |  |  |  |
| **6. Training approach and method** |  |  |  |  |  |
| **7. Teaching and presentation skill** |  |  |  |  |  |
| **8. Suitability of venue** |  |  |  |  |  |
| **9. Duration of activity** (Too long/Too short) |  |  |  |  |  |
| **10. Overall rating** |  |  |  |  |  |

1. **Do you have any other comments on the CPD activity?**
2. **Are there any CPD activities you would like to attend?**

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

*(Rev. December 2022)*