**Evaluation form template for accredited CPD activities**

Participants in accredited activities must be given the opportunity to evaluate the quality of the offering.

This evaluation template contains the minimum requirements for evaluation of accredited activities and may be used in conjunction with other forms of evaluation e.g. additional questions, telephone in depth interviews or surveys.

Arrangements for the dissemination, collection and review of the evaluation forms are the responsibility of the educational provider. Summary feedback is to be compiled and sent back to the SHPA Federal Secretariat for review following the conclusion of the accredited activity.

For non SHPA activities, the CPD provider should use their own branding.

**Note:** Sample presentation materials for non SHPA activities should be submitted to SHPA with the evaluation report.

Compiled evaluation reports should be sent to cpd@shpa.org.au

|  |
| --- |
| Activity name: |
| Provider name: |
| Date of activity: | Location: |
| Accreditation number: |

**Please read each of the statements below carefully and tick the most appropriate box.**

**We appreciate your honest feedback to improve this and other CPD activities.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly agree** |
| The activity was satisfactory overall |  |  |  |  |  |
| The material was well presented |  |  |  |  |  |
| The material was up to date |  |  |  |  |  |
| The content was objective, balanced and independent |  |  |  |  |  |
| This activity supported the achievement of each of the learning objectives |  |  |  |  |  |
| There was adequate opportunity to participate and ask questions |  |  |  |  |  |
| The knowledge I gained through participation in this CPD activity will impact on my practice |  |  |  |  |  |
| The educational content of the CPD activity was of high quality |  |  |  |  |  |
| The mode of delivery was suitable for the activity |  |  |  |  |  |