

Peer Discussion

Date and Location:

Your Name _____

1 Overall rating

Please rate the event on a scale of 1 – 5 and feel free to add any comments or suggestions.

Your rating (circle): 1 (poor) 2 (fair) 3 (satisfactory) 4 (good) 5 (excellent)

Your comments:

2 Objectives

It is a GOC requirement that delegates can check if they have achieved the learning objectives advertised for CPD events. Please circle to indicate how well the specified learning objectives were met.

Fully Partly Not at all

3 What attracted you to this event? Please tick any relevant:

Requirement to take part in peer review/discussion

Topics

Location/Venue

Social aspect & networking opportunity

Availability of CET points

Recommendation by a friend/colleague

Other (please state)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

4 Have you previously taken part in any peer review or peer discussion groups?

Please circle:

Yes

No

5 Do you have any further comments or suggestions?

Thank you for your feedback.