

CPD Activity Evaluation Form

This is an Australian College of Midwives endorsed CPD activity. As part of the quality assurance process, the College reviews all CPD activity evaluations. Please complete this evaluation form, which will be returned to the College by the activity organiser. This evaluation is anonymous; therefore, you should not include any identifying details.

Date of activity:

Title of activity:

Name of person/organisation presenting the activity:

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Please rate the following items:

1 = Not at all; 3 = Somewhat; 5 = Completely

	1	2	3	4	5
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What I learned in this activity will be useful to me in my clinical midwifery practice or midwifery role.

☐☐☐☐☐

Please explain your rating:

Overall, this activity has met my learning needs.

☐☐☐☐☐

Please explain your rating:

Please rate the following items:

1 = Not at all; 3 = Somewhat; 5 = Completely

	1	2	3	4	5
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Now, please rate the extent to which each of the learning objectives was met for you.

Learning Objective 1: ☐ ☐ ☐ ☐ ☐

Learning Objective 2: ☐ ☐ ☐ ☐ ☐

Learning Objective 3: ☐ ☐ ☐ ☐ ☐

The presenters/instructors effectively supported my learning during this activity. ☐ ☐ ☐ ☐ ☐

Please explain your rating:

I was given sufficient opportunity to ask questions. ☐ ☐ ☐ ☐ ☐

Please explain your rating:

I was given sufficient time to reflect on the impact of the activity on my role/practice. ☐ ☐ ☐ ☐ ☐

Please explain your rating:

Please rate the following items:

1 = Not at all; 3 = Somewhat; 5 = Completely

	1	2	3	4	5
Overall, I am satisfied with the quality of this activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your rating:

Can you suggest ways to improve future CPD activities?

What topics would you like to explore in future CPD activities?