|  |  |  |  |
| --- | --- | --- | --- |
| Organiser |  | Branch |  |
| Topic |  |
| Date |  | Time: from | to: |
| Venue |  |

**Appendix 5 – TPN Event Evaluation Form**

|  |
| --- |
| How did you hear of this event (*circle one*)? Email Organiser website Newsletter Education Centre website Facebook SMS School notice board Referral |
|  | Please tick  **✓** one |
|  | Agree | Not sure | Disagree |
| The event content matched the learning objectives |  |  |  |
| The event length was sufficient to deliver the content |  |  |  |
| The event was appropriate to current educational objectives |  |  |  |
| The lecturer was prepared |  |  |  |
| The lecturer was knowledgeable about the content |  |  |  |
| The lecturer was responsive to questions and other needs |  |  |  |
| The lecturer presented the content in an interesting manner |  |  |  |
| The lecturer communicated well |  |  |  |
| The venue was suitable for learning |  |  |  |
| I needed training on this topic |  |  |  |
| The theme of the event was relevant to improving my skills |  |  |  |
| Overall, I am satisfied with the event |  |  |  |
| Overall, I am satisfied with the lecturer(s) |  |  |  |
| Overall, I am satisfied with the venue |  |  |  |

|  |
| --- |
| *Please add further comments or suggestions, if you wish**Please return to event organiser* |

To TPN Coordinator: Please retain for a period of two years – this can be requested by the TPN Steering Committee