**Attendee Name;** (optional)

**Email address:** (optional)

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| **Your Feedback**Please evaluate your experience of today’s lecture/learning |  |

**Presentation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Excellent** | **Good** | **Average** | **Poor** |
| 1. How relevant/useful was the lecture to your CPD or other learning? |  |  |  |  |
| 2. How well was the information presented? |  |  |  |  |
| 3. How good were the first speaker’s presentation skills? |  |  |  |  |
| 4. If relevant, how good were the second speaker’s presentation skills? |  |  |  |  |
| 5. If relevant, how good were the third speaker’s presentation skills? |  |  |  |  |
| 6. If relevant, how good were the fourth speaker’s presentation skills? |  |  |  |  |

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**Venue, Location and Format**

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|   | **Excellent** | **Good** | **Average** | **Poor** |
| 7. Overall, how would you rate this event? |  |  |  |  |
| 8. The location, the organisation and the resources provided? |  |  |  |  |

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**Referring to Nuffield Health**

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|  | **Yes** | **No** |  |
| 9. Have you referred patients to Nuffield Health in the last 12 months? |  |  |
| 10. Are you aware that Nuffield Health is a registered charity and a *Not-for Profit-Hospital?*  |  |  |
|  | **Always** | **Sometimes** | **Hardly** | **Never** |
| 11. Is Nuffield’s charitable status a factor in referring your patients to us?  |  |  |  |  |
| 13. Would you recommend Nuffield Health to your patients? |  |  |  |  |
| 14. To what extent would you say private referrals are initiated by your patients?  |  |  |  |  |
| 15. When referring a patient for secondary treatment, do you suggest “private” as an option? (This includes asking whether they have private medical insurance.)  |  |  |  |  |
| 16. How often do you send private referrals to a named consultant?  |  |  |  |  |
| 17. To what extent do consultant led CPD sessions determine whether you will refer to that speaker in the future? |  |  |  |  |
| 18. How could we better support you with referrals / navigation of our services? |
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**Further Education Sessions**

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| 19. What topic(s) would you like to see included in Nuffield Health’s Education Programme? |
| 20. Which days would suit you best? **Monday Tuesday Wednesday Thursday Friday Saturday** |
| 21. Would you be interested in us organising CPD Lunch & Learns for your practice? If so, who should I contact? |
| **Any Other Comments** |

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