**Attendee Name;** (optional)

**Email address:** (optional)

|  |  |
| --- | --- |
| **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? |  |  |  |  | |

**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? |  |  |  |  | |

**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? | | | | | |  | | | | | |

**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** | |