

### Clinical Meeting EVALUATION FORM

MySwift Clinics Partnership appreciate feedback on the programme please record your rating of relevance, quality and effectiveness of the event.

**Meeting:** .....  
**Held at:** .....  
**On:**.....

**1..... How do you rate the relevance of this meeting to your educational needs?**

1	2	3	4	5
No part relevant	Little of relevance	Fairly relevant	Mostly of relevance	Highly relevant

**2..... How do you rate the overall quality of the education offered by this meeting?**

1	2	3	4	5
Poor	Mediocre	Satisfactory	Good	Excellent

**3..... How do you rate the effectiveness of the meeting for CPD purposes?**

1	2	3	4	5
<b>Ineffective</b> (learnt nothing relevant to my practice)	<b>Partly effective</b> (confirmed that no need for me to modify my practice)	<b>Quite effective</b> (stimulated me to consider modifying my practice after seeking more information)	<b>Definitely effective</b> (will plan to modify my practice in a minor way)	<b>Very effective</b> (will plan to modify my practice in a major way)

**If you would like to add comments or make suggestions for future meetings, please enter them in the space below:**