



Course Evaluation Form

Title of Course

Course Reference Number Date(s) of Course.....

Were the Objectives met?

(List your Objectives as stated on your application form)

- 1)
Yes 1.....2.....3.....4.....5 No
- 2)
Yes 1..... 2.....3.....4.....5 No
- 3)
Yes 1..... 2.....3.....4.....5 No
- 4)
Yes 1..... 2.....3.....4.....5 No
- 5)
Yes 1..... 2.....3.....4..... 5 No

Did you enjoy the session?

Yes 1.....2..... 3.....4.....5 No

Please rate the overall quality of the session

Speaker(s)/Organiser

Excellent 1.....2..... 3.....4..... 5 Poor

Amount of learning

Huge 1..... 2.....3.....4..... 5 Non existent

Likelihood of change

Very likely 1..... 2..... 3..... 4..... 5 Unlikely

Value for money

Good value 1..... 2.....3..... 4..... 5 Poor value

Can you describe any changes you might make as a result of attending this session?

Please feel free to make any other comment

Thank you for taking time to fill in this evaluation form. It will be sent to the GP Education Team.

EVALUATION FORM FOR GP APPROVED COURSES IN BRISTOL