



# Individual CPD Delegate Feedback Form

## Form B

*Event organisers should ensure that event participants complete this Form.  
Form B to be returned to event organiser after completion.*

Event Title \_\_\_\_\_

Date(s) \_\_\_\_\_

Delegate Name \_\_\_\_\_

Grade

Consultant

Specialty doctor

Trainee

Other

Please tick the appropriate boxes for all questions on the basis of:

1 = poor      2 = slightly inadequate      3 = adequate      4 = good      5 = extremely good

### The Event & Its Aims

	1	2	3	4	5
The aims / learning objectives of the event were well defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The defined aims / learning objectives of the event were achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The event was well organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The event fulfilled my educational requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending the event has helped me keep up-to-date in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending the event has helped me maintain and improve the standard of care for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you think the event avoided undue commercial bias?

Yes  No  – please specify

### Speakers (please use additional sheet if more than 3 speakers)

Rate each participating speaker listed on the programme as follows:

		1	2	3	4	5
Speaker 1 name	<input type="text"/>	Content of lecture				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lecturing ability				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 name	<input type="text"/>	Content of lecture				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lecturing ability				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 name	<input type="text"/>	Content of lecture				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lecturing ability				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Speakers**

Please tick to rate each participating speaker listed on the programme:

1 = poor	2 = slightly inadequate	3 = adequate	4 = good	5 = extremely good
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		1	2	3	4	5
Speaker 4 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 6 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 7 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 8 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 9 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 10 name	<input type="text"/>					
	Content of lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lecturing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed forms should be used by event organisers to complete the Event Evaluation Summary Form (Form C). Event organisers should ensure they retain participants' Form Bs for 3 years as the BAUS CPD Panel may ask to see them and will undertake, from time to time, a random audit of the forms.