

## Evaluation of HPCSA CPD Accredited Activity

### Instructions

Please complete this anonymous feedback questionnaire to allow the quality of CPD to be monitored and continually improved. The extent to which you enjoyed and valued this learning experience is important. Thank you for your participation.

Date:
Accreditation Number:
What CPD activity did you just complete?
Host organization:
Venue:
Date of activity:
Session starting time:
Professional Board with which you are registered with:
Reason for choosing this activity

<b>Circle the most appropriate response</b>		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neutral</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>
1	The program met its stated objective	1	2	3	4	5
2	Overall this activity met my expectations	1	2	3	4	5
3	The program content was relevant to my professional work	1	2	3	4	5
4	The program extended my knowledge	1	2	3	4	5
5	The duration and timing was appropriate	1	2	3	4	5
6	The teaching format was appropriate for the subject matter	1	2	3	4	5
7	The method of presentation enhanced my learning experience	1	2	3	4	5
8	The audio-visual materials enhanced the presentation	1	2	3	4	5
9	This CPD activity was good value for money	1	2	3	4	5
10	This activity was useful and caused me to learn something valuable	1	2	3	4	5
11	The venue was conducive to learning	1	2	3	4	5
12	Physical facilities were adequate and appropriate	1	2	3	4	5
13	I would recommend this CPD activity to my colleagues	1	2	3	4	5

14	This activity will assist in the improvement of my professional performance	1	2	3	4	5
15	This activity will assist in the improvement of my competence	1	2	3	4	5
16	The program was presented at an appropriate pace conducive to learning	1	2	3	4	5
17	Instructors presented the material effectively, with knowledge and clarity	1	2	3	4	5
18	Instructors provided adequate and helpful feedback	1	2	3	4	5
19	Integrated applied examples illustrated real-world context	1	2	3	4	5

<b>Please rate the presenter's overall effectiveness:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Poor</b>	<b>Fair</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
Presenter's name	1	2	3	4	5
Presenter's name	1	2	3	4	5

<b>Additional Comments</b>

<b>Were there any specific strengths or weaknesses in the program that you would like to comment on, or suggestions for improvement?</b>

At the end of the session, please submit your comments to the support staff, or if you prefer, you can submit this form directly to the HPCSA CPD Section at [cpd@hpcsa.co.za](mailto:cpd@hpcsa.co.za)

**Thank you for your participation!**