

CUE REGISTRATION AND EVALUATION OF MEETING FORM

COURSE TITLE & ORGANISER:

.....

HELD ON:

AT:

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

1	2	3	4	5
NO PART RELEVANT	LITTLE 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 Cue purposes?

1	2	3	4	5
INEFFECTIVE (learnt nothing relevant to my practice)	PARTLY EFFECTIVE (confirmed that no need for me to modify my practice)	QUITE EFFECTIVE (stimulated me to consider modifying my practice after seeking more information)	DEFINITELY EFFECTIVE (will plan to modify my practice in a minor way)	VERY EFFECTIVE (will plan to modify my practice in a major way)

NAME..... MEMBERSHIP NO..... DATE.....

ADDRESS.....

SIGNATURE OF BSHAA MEMBER

DECLARATION BY COURSE ORGANISER. We confirm that the above ISHAA member has attended the above course and completed the full programme

..... Signed on behalf of Course Organiser

..... Print Name and Position