

Delegate's evaluation of ACP One Day Workshop

Name: _____ Workshop date: _____

General:

1. Did the L1 modules/eLearning adequately prepare you for this workshop? Yes No

Comments _____

2. Did the workshop meet your expectations? Yes No

3. Would you recommend the workshop to other healthcare workers? Definitely Perhaps No

If not, why not? _____

Please place a cross along each scale to show how you felt about the different aspects of the workshop:

Thinking about the workshop facilitator:

4. The facilitator actively engaged the group, maintained my interest, & handled questions & discussion satisfactorily.

Strongly agree Neutral Strongly disagree

Feedback:

Thinking about the morning sessions:

5. Exploring ACP & the legal framework sessions were useful

Strongly agree Neutral Strongly disagree

Feedback:

Thinking about the afternoon sessions:

6. The ACP conversation & ACP documentation sessions were useful

Strongly agree Neutral Strongly disagree

Feedback:

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7. What are the 'best aspects' of the workshop?

8. Please add any additional comments or suggestions for improving the workshop:

To support ACP growth in New Zealand:

Please leave the following section blank if these options do not apply.

I wish to **opt out** of my contact details being added to the National ACP Cooperative database

I wish to **opt out** of receiving the National ACP quarterly eNewsletter

I am already a member of the ACP Cooperative

For reporting purposes, your contact details are shared with relevant ACP Regional and/or DHB leads. These Regional/DHB leads may contact you post course regarding any ACP initiatives or action plans in your area.

Thank you for completing this form as it assists in developing the course.