

Evaluation Form

Sean Lewis Master Class

Leading Lean in Healthcare- Lean Basics for Managers



CHANGE CHAMPIONS
& ASSOCIATES

What is your position/job title? _____

How did you hear about this master class?

- Email from Change Champions Email from a colleague State/Territory Health Department
 Change Champions website Google search Email from professional/
membership organisation

Which master class did you attend?

- 15 November 2011, Melbourne VIC
 17 November 2011, Brisbane QLD

Content

How relevant was the content of this Master Class to your daily work?

- Very relevant Relevant Not relevant at all

Has this Master Class provided you with innovative ideas and information to take back to your workplace?

- Yes, definitely Some Not as many as I had hoped

Comments please:

List up to three things you have learnt from attending this Master Class

1. _____ 2. _____
3. _____

How could the Master Class have been improved?

Facilitator

	Agree	Not Sure	Disagree
The Facilitator has expert knowledge of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Facilitator was an engaging presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information was presented in a way that I could easily understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Facilitator spoke clearly and audibly at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was ample time for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CHANGE CHAMPIONS & ASSOCIATES

Organisation and Delivery

	Agree	Not Sure	Disagree
It was easy to register for this event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Champions staff were very helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Master Class was well organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Master Class represented good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue was comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bathroom at the venue was clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The catering at the venue was palatable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue staff were helpful and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could see the screen and speaker easily from my seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of refreshment breaks was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other feedback you would like to share to help us provide a better service?

Recommendation

Would you recommend that your colleagues attend this Master Class?

Yes I don't think so

If you enjoyed the Master Class, are you prepared to write brief testimonial? The testimonial would be used on advertising material to promote the remainder of the tour. Your name may be attached to your quote. If yes,

“

_____”

DETAILS (optional)

Name: _____ Organisation: _____

Postal Address (please print) _____

Email Address _____

Fax this form to
(02) 9518 6898

Or email to:
info@
changechampions.com.au

Thank you for your participation.
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