

# Evaluation Form

## Les Storey Master Class: End of Life Care



CHANGE CHAMPIONS  
& ASSOCIATES

What is your position/job title? \_\_\_\_\_

### How did you hear about this seminar?

- 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?

- Auckland, NZ       Melbourne, VIC       Alice Springs, NT  
 Christchurch, NZ       Sydney, NSW       Adelaide, SA  
 Dunedin, NZ       Brisbane, QLD       Perth, WA

### 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:

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

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

#### How could the Master Class have been improved?

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#### 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"/>

