

NSW Health Pathology PoCT Training Workshop Evaluation Form

Thank you for attending the workshop. We would be very grateful if you could take a moment to complete this workshop evaluation. Your comments will assist us in improving future workshops.

Site:	Ward:	Date of Training:
Trainer(please select who delivered the training) Device Vendor <input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Super user <input type="checkbox"/>		
What device/s did you receive training on (please specify)		
What type of training did you attend? <input type="checkbox"/> Initial training <input type="checkbox"/> Refresher training <input type="checkbox"/> Recertification training		
Are you attending the training as a Super user <input type="checkbox"/> or Operator <input type="checkbox"/>		

Criteria (Please rate the following by ticking the relevant box)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Communication regarding the workshop and pre-work requirements were clear and timely					
The pre work(On-line Introduction to Device) was useful in preparing me for this workshop					
The workshop materials were presented in a clear and organised manner					
It was paced appropriately					
The time allocated to the practical work was appropriate and satisfactory					
The trainer was well prepared					
The trainer responded to questions in an informative, appropriate and satisfactory manner					
The workshop was scheduled at a suitable time					
Workshop location was appropriate and satisfactory					
Overall, the session was informative and valuable in helping you access and use the POCT device					

What aspects of the workshop, if any, would you like changed in future? Why?

