

## EVALUATION FORM Health Professionals

Each individual requiring professional development accreditation should complete the Evaluation Form in full (*one form per person*) and return to the Rural Health Education Foundation.

Accreditation arrangements are subject to review by relevant professional groups. Please see our website for further information: <http://www.rhef.com.au/programs/accreditation/>

**PROGRAM: 1107 Living Safely: Prevention of Accident and Injury  
in Indigenous Communities**

**DATE: Tuesday, 14<sup>th</sup> June 2011 – 8.00pm AEST**  
(Repeat Friday, 17<sup>th</sup> June, 2011 at 12.30pm AEST)

**PLEASE PRINT CLEARLY**

**Title First Name Surname**

**Postal Address**

**Suburb State Postcode**

This address is my:  **Personal Address**  **Work Address**

**Professional Organisation Continuing Professional Development Number**

**Email Address Phone**

**I wish to be sent information from the Foundation.**

**How did you access this program?**

Satellite Broadcast  Repeat Broadcast  DVD   
Webstream  Audio File

**Which group do you belong to?**

|   |   |   |
|---|---|---|
| General Practitioner <input type="checkbox"/> | Indigenous Health Worker <input type="checkbox"/>   | Community Worker <input type="checkbox"/>             |
| Nurse <input type="checkbox"/>                | Police <input type="checkbox"/>                     | Academic/Student <input type="checkbox"/>             |
| Pharmacist <input type="checkbox"/>           | Teacher <input type="checkbox"/>                    | Advocate/Peak Body <input type="checkbox"/>           |
| Specialist <input type="checkbox"/>           | Other allied health worker <input type="checkbox"/> | Emergency Services personnel <input type="checkbox"/> |
| Other <input type="checkbox"/>                | Please Specify: _____                               |   |

**How did you hear about the program?**

|  |  |   |
|--|--|---|
| Direct invitation <input type="checkbox"/> | Newsletter/Journal <input type="checkbox"/>                        | Promotional Notice/poster <input type="checkbox"/>                          |
| Division of GP <input type="checkbox"/>    | Previous broadcast <input type="checkbox"/>                        | Peak Body Association <input type="checkbox"/>                              |
| Other <input type="checkbox"/>             | Rural Health Education Foundation Website <input type="checkbox"/> | Rural Health Education Foundation site coordinator <input type="checkbox"/> |

**a. Please rate the program 1-3 (1 = lowest) on the following criteria:**

Quality of presentations & information  Appropriateness of case illustrations  Usefulness of interviews

***b. Please indicate whether the learning objectives were met.***

**OBJECTIVE 1: Describe patterns of injury amongst Aboriginal people and identify possible causes**

Fully Met                       Partially Met                       Not Met

Comments: \_\_\_\_\_

**OBJECTIVE 2: Identify initiatives and possible ways to reduce injuries in Aboriginal communities**

Fully Met                       Partially Met                       Not Met

Comments: \_\_\_\_\_

**OBJECTIVE 3: Recognise the need for a family approach when dealing with injury prevention in Aboriginal communities**

Fully Met                       Partially Met                       Not Met

Comments: \_\_\_\_\_

**OBJECTIVE 4: Outline successful strategies to improve the delivery of accident and injury prevention projects in Indigenous communities**

Fully Met                       Partially Met                       Not Met

Comments: \_\_\_\_\_

***c. Please rate the degree to which your learning needs were met.***

Fully Met                       Partially Met                       Not met

Comments: \_\_\_\_\_

***d. Please rate the degree to which this program is relevant to your practice or community.***

Fully Relevant                       Partially Relevant                       Not Relevant

***e. What changes, if any, would you consider making to your work practices as a result of this program?***

\_\_\_\_\_

***f. Please give two examples of how you might incorporate this resource into an educational event or program.***

\_\_\_\_\_

***g. What comments do you have about the presentation of this program: panel discussion, case studies, etc?***

\_\_\_\_\_

***h. Are there any other topics you would like addressed by the Rural Health Education Foundation, either related to this program or any other areas of interest?***

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this evaluation form. Please mail in **reply-paid envelope** provided, send to **PO Box 324 Curtin ACT, 2605**, or fax to **1800 555 501**