

## EVALUATION FORM

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** 1116 See Strong: A Focus on Indigenous Eye Health  
**Date** Tuesday, 27 September, 2011 (repeat: Friday, 30 September)

Date: \_\_\_\_\_

**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?**

Online Video  DVD  Audio File

**Which group do you belong to?**

General Practitioner	<input type="checkbox"/>	Regional Eye Health Coordinator	<input type="checkbox"/>	Ophthalmologist	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Aboriginal Health Worker	<input type="checkbox"/>	Academic/Student	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	Optometrist	<input type="checkbox"/>	Advocate/Peak Body	<input type="checkbox"/>
Specialist	<input type="checkbox"/>	Other allied health worker	<input type="checkbox"/>	Carer/Consumer	<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"/>	ICEE	<input type="checkbox"/>
Division of GP	<input type="checkbox"/>	Previous broadcast	<input type="checkbox"/>	Optometrists Association of Australia	<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 presenter  Appropriateness of case studies  Quality of information

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

**OBJECTIVE 1:** Outline the nature and extent of eye disease amongst Indigenous people

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 2:** Describe the different roles of members of an Eye Health Team

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 3:** Identify culturally appropriate prevention strategies for trachoma

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 4:** List the barriers to prompt identification, management and treatment of eye health problems in Indigenous people

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.***

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?:***

\_\_\_\_\_

\_\_\_\_\_

***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