

## 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** 1118 Breathe Strong: Tackling Smoking in Indigenous Communities  
**Date** Tuesday, 25 October, 2011 (repeat: Thursday, 27 October)

**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?**

Satellite Broadcast  Repeat Broadcast  Audio File

Online Video  DVD

**Which group do you belong to?**

General Practitioner <input type="checkbox"/>	Aboriginal Health Worker <input type="checkbox"/>	Psychologist <input type="checkbox"/>
Nurse <input type="checkbox"/>	Tobacco Control Worker <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Healthy Lifestyle Worker <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"/>	Aboriginal Medical Service <input type="checkbox"/>
Division of GP <input type="checkbox"/>	Previous broadcast <input type="checkbox"/>	NACCHO <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 <input type="checkbox"/>	Appropriateness of case illustrations <input type="checkbox"/>	Usefulness of questions and replies <input type="checkbox"/>
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***b. Please indicate whether the learning objectives were met.***

**OBJECTIVE 1:** Develop culturally appropriate prevention strategies for smoking

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 2:** List common barriers to quitting in Indigenous communities

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 3:** Use the principles of the showcased projects to incorporate smoking cessation into all Indigenous health care

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 4:** Utilise key messages to tackle Indigenous smoking

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: 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