



The Human Rights Act and its Application in Healthcare
25 January 2017, America Square Conference Centre, London

Please complete your details:

Name: _____
 Job Title: _____
 Company: _____
 E-mail: _____
 Head of Training: _____

DELEGATE EVALUATION FORM

Dear Delegate

We value your opinion on all aspects of this conference and use this information to improve the quality and content of our forthcoming events. We would be grateful if you would spare a few moments to complete the following and either return it to the registration desk before you leave or send it to AvMA at your earliest convenience.

1. What was the major factor in the decision to attend this conference?

| | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|
| Interesting programme | <input type="checkbox"/> | Networking Opportunities | <input type="checkbox"/> | Cost | <input type="checkbox"/> |
| Location of conference | <input type="checkbox"/> | AvMA's reputation | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If other, please specify: _____

2. Please rate our speakers using the following scoring system.

| | Excellent | Good | Satisfactory | Poor | Comments |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Chair – Theo Huckle QC | | | | | |
| Time-Keeping: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Contribution: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1) Emma Jones | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2) Kate Beattie | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3) Nicola Greaney | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) Adam Wagner | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5) Yogi Amin | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6) Dr Gillian Lockwood | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7) James Robottom | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | Excellent | Good | Satisfactory | Poor | Comments |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| 8) Nick Brown | | | | | |
| Overall Presentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Subject Matter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

3. How clear were the course aims and objectives? Very clear Quite clear Not very clear Not at all clear

4. How well did the course meet the objectives? Completely Quite well Fairly well Not that well Not at all

5. What did you find MOST useful about the Conference and why?

6. What did you find LEAST useful about the Conference, and why?

7. What could AvMA have done to make this conference a better event?

8. What topics were omitted from the programme that you feel should have been included in the course?

9. Please give your opinion of the following:

| | Excellent | Good | Satisfactory | Poor | Comments |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Conference Rooms: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Meals & Refreshments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Audio-visual facilities: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| AvMA Administration: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

10. FINALLY - How did you rate the conference overall?

Excellent Good Fair Disappointing

Comments: _____

11. On what topics would you like AvMA to organise conferences?

1. _____ 2. _____

3. _____ 4. _____