



**Representing Families at Inquests**  
 6 October 2016, Doubletree by Hilton, Manchester Piccadilly

**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
<b>Chair – Lisa O'Dwyer</b>					
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"/>	
<b>1) Stephen Jones</b>					
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"/>	
<b>2) Jason Wells</b>					
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"/>	
<b>3) Ana Samuel</b>					
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"/>	
<b>4) Nigel Poole QC</b>					
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"/>	
<b>5) Rachel Galloway</b>					
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"/>	
<b>Chair – Simon Murray</b>					
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"/>	
<b>6) Simon Murray</b>					
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
<b>7) Dominic Woodhouse</b>					
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
<b>8) Sara Sutherland</b>					
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
<b>9) Fiona Borrill</b>					
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
<b>10) Nick Brown</b>					
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?

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

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

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

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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. \_\_\_\_\_