



Children's Palliative Care: Connecting Home, Hospital & Hospice A MULTIDISCIPLINARY CONFERENCE

DATE: Fri 29th-Sat 30th November 2013 VENU: Royal Hospital Kilmainham, Dublin, Ireland

EVALUATION FORM

Thank you for attending our Conference.

To help us to improve future conferences, we invite you to complete this form.
Please return it to us at the conclusion of today's proceedings.

Please indicate your:

Professional area of work: _____

Job title: _____

Practice Setting: _____

How did you hear about the Conference?

Website Email Colleague

Other: _____

Please rate the following:

- **The content of the Conference Programme:**

Excellent Good Satisfactory Poor Unsatisfactory

Additional comment: _____

- **The Conference Speakers (including Chairs):**

Excellent Good Satisfactory Poor Unsatisfactory

Additional comment: _____

- **The Conference Facilities & Venue:**

Excellent Good Satisfactory Poor Unsatisfactory

Additional comment: _____

What aspects of the Conference were of most interest to you? Why?

What aspects of the Conference were of least interest to you? Why?

Do you think this Conference responds well to promoting Children's Palliative Care research in Ireland?

Yes No

In what ways could the Conference be improved?

Did you find the Conference's dates, time and cost satisfactory? Please Comment.

Yes No _____

Would you attend the Conference again? Please Comment.

Yes No _____

Would you like to receive information on future children's palliative care conferences and training events?

Yes No

Email: _____

Please provide an email address if you would like to receive information on, or to be included in our mailing list for upcoming Conferences, Seminars and educational events.

Signed: _____

Thank you for taking the time to complete this Evaluation

COLLABORATION BETWEEN:



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