



PRACTICE CONSULTANT – PD FEEDBACK FORM

Please complete and return to the Division

Name:

Professional Development (PD) Activity:

.....

Date of Activity:

Detail one major learning outcome for you, and one learning outcome which might impact on any/all general practice:

.....

.....

.....

Article

300-350 words - insert here or attach hard copy:

Are you prepared to present to small groups on your participation at this PD activity?

Yes No

Signed:..... **Date:**.....