

Supporting and promoting self care – a training package for health and social care professionals

Evaluation form

We are continually looking for ways to improve the training sessions. Your feedback is important as it will help us to do this, so please provide as much detail as possible.

Name:
 Job title:
 PCT/practice/care agency:
 Workshop trainer or facilitator:
 Venue:
 Date:

1) Please indicate which session you are currently attending.

Workshop 1 Workshop 2 Workshop 3

2) How would you rate each of the components of this training session listed below (1=excellent, 5=poor)?

	Excellent		Good		Poor
Timing	1	2	3	4	5
Delivery of the training	1	2	3	4	5
Relevance of the content	1	2	3	4	5
Handout materials	1	2	3	4	5

3) Was the pre-work/interim work helpful for this session?

Yes No Not applicable

If you answered yes or no, what specifically did you learn or achieve from the pre-work/interim work?

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4) Having attended this session, how would you now rate your knowledge of self care support?

Much improved Improved Same as before

5) As a result of what you have learnt, when and how do you expect your PCT/practice/care agency to begin implementing a strategy to support self care among patients?

Within a month
 Within 3 months
 3–6 months
 6 months–1 year
 1 year onwards

Please specify actions you are taking to implement a self care support strategy and enhance patients' self care.

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Working in Partnership Programme

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self care • •
 ...because health matters •