**Feedback form for Practice Protected Learning Time Session**

All staff to please complete and return to: [SBU.PrimaryCareTeam@wales.nhs.uk](mailto:SBU.PrimaryCareTeam@wales.nhs.uk)

Within 2 weeks of the completed Practice PLTS

|  |  |
| --- | --- |
| Date of PLTS |  |
| Practice name |  |
| Name of Individual completing form & Job Role |  |
| Title of Session |  |
| Name of speaker(s) |  |
| Standard of Speaker(s) (1-poor, 5-excellent) |  |
| How do you feel that today's event will influence/improve your practice? |  |
| What aspect of the session did you find most useful/ informative and why? |  |
| To what extent did the event meet your learning needs in this area? (1-poor, 5-excellent) |  |
| What new skills/knowledge did you acquire today? |  |
| How will this learning be shared with colleagues not in attendance? |  |
| Was there enough time for discussion and questions today? |  |
| Are there any topics that you would like included in future sessions? |  |
| In what way/s do you think the sessions could be improved? |  |
| Do you have any further comments? |  |

For internal HB use:

Received (date): \_\_\_\_\_\_\_\_ by (sign) \_\_\_\_\_\_\_\_\_\_\_

Name and role (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_