



## NTGPE GP Registrar Small Group Learning Feedback Form

**Name:**

**Location:**

**Date:**

**Duration:**

**Topic:**

**Resource Person/s:**

**Facilitator:**

**Group Learning Objectives (LOs):**

- 1.
- 2.
- 3.
- 4.

**1. To what extent were the Learning Objectives ( LOs) met:**

	Not at All		Well Met		Comments
LO1	1	2	3	4	
LO2	1	2	3	4	
LO3	1	2	3	4	
LO4	1	2	3	4	

**2. What new information or key insights did you gain from this session?**

**3. Are there any aspects of this topic you would like to further explore?**

(And how might you do this)

**4. Please rate the following:**

	Poor	OK	Good	Excellent
<b>Facilitator's contribution</b> Comments:	1	2	3	4
<b>Resource person's contribution</b> Comments:	1	2	3	4
<b>Materials/Resources provided</b> (if applicable) Comments:	1	2	3	4

**5. Would you recommend this session to other GP Registrars?**

**Any Other Comments?**

**It is suggested that a copy of your feedback form is kept in your portfolio**

A copy of this form is available online at [www.ntgpe.org](http://www.ntgpe.org) in the Small Group Learning section