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| --- |
| **Session date:** |
| **Location:** |

1. What is your full name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your primary occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Which organisation do you primarily work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What post code do you primarily work in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is your RACGP/ACRRM number? *Please specify RACGP or ACRRM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please rate the following:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **To what degree were the learning outcomes met?** | **Not met** | **Partially met** | **Entirely met** |
| Understand the carer role |  |  |  |
| Identify and support carer needs |  |  |  |
| Demonstrate how to involve the carer in patient care |  |  |  |
| 1. **To what degree were your own learning needs met?** | **Not met** | **Partially met** | **Entirely met** |
|  |  |  |  |
| 1. **To what degree was this session relevant to your practice?** | **Not relevant** | **Partially relevant** | **Entirely relevant** |
|  |  |  |  |
| 1. **Does this activity motivate you to change systems or processes in your practice that would improve patient safety?** | | | |
| YES - If yes, please describe what changes you would make. | NO - If no, please briefly explain why. | | |

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| --- | --- | --- | --- |
| 1. **Please rate your understanding about carers’ wellbeing and their experience in general practice:** | **A little** | **Some** | **A lot** |
| Before the session |  |  |  |
| After the session |  |  |  |

1. What were the most / least useful aspects of the session?

Most useful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Least useful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What (if any) further support regarding the carer experience could the PHN provide?

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1. Do you have any additional comments?

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