

Local Immunisation Planning Network Evaluation form



Queensland Divisions
of General Practice
Association Incorporated (IA18808)

Facilitator details

Name of Division of General Practice	
Name of Population Health Unit	

Event details

Date of event	
Location of event	

Meeting topics

1. Were you provided sufficient opportunity to share information and ideas during this meeting?



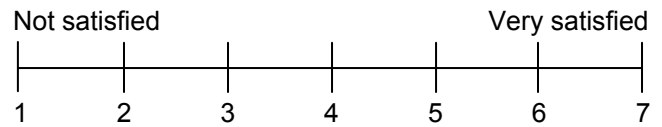
Could this be improved? If so, please suggest how.

2. What topics discussed at this meeting were of most relevance to you in your work?

3. What other topics would you like to see addressed in the future?

Meeting outcomes

4. Please rate your level of satisfaction with the outcomes of the meeting (e.g. solutions identified to address challenges).



Could this be improved? If so, please suggest how.

5. What activities would you like to see progressed in the future?

6. Would you like to be involved in working with your Division of General Practice and Population Health Unit in identifying and addressing local immunisation issues on an ongoing basis?

Yes No

If **yes**, please provide your details below:

Name	
Profession/role	
Organisation	
Contact details	

7. Other comments

Thank you very much for taking the time to complete this survey.