

Post-RCBN Event Implementation

To be completed within one week of the event by the participant, copied and returned to the RCBN

Background details	
Participant - PRINT NAME:	
Event title:	Event date:
Provider/Trainer:	Location of event:

Personal objectives	(please circle one of the following)			
Did the capacity-building event meet your personal objectives (as you stated when booking this event)?	All	Most	Some	None

Action Plan

As a consequence of attending the above capacity-building event could you please identify four action points you wish to pursue. These could include ways you will use the knowledge gained from the activity in your daily work or in identifying further training needs.

1. _____

2. _____

3. _____

4. _____

Cascading Plan

The RCBN encourages all participants to cascade any information/knowledge you have gained from the above event to the research project you are involved in or the organisation you work in. Could you please identify at least one action point to pursue in order to help achieve this:

Immediately after this course we gave you the opportunity to provide constructive feedback on how this event could be improved. Now that you have been able to reflect back over the event you may have some additional comments. If so, please give them below. Thank you.



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