***E-LEARNING SELF-ASSESSMENT FORM***

*This form will help you to:*

• *Identify what you would like to learn*

• *Link your e-learning to your Personal Development Plan (PDP)*

• *Evaluate what you have learnt and how you are going to apply it.*

|  |  |
| --- | --- |
| ***NAME:*** | ***Surgery:*** |
| ***Topic:*** | ***e-learning DATE*** |

## **Before you start the e-learning or attend the training course, state how the training objectives will help you meet your PDP/CPD *OBJECTIVES***

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| --- | --- |
| ***Training objectives to be addressed:*** | ***PDP/CPD objectives:*** |

**After the training, state how this has influenced your work, e.g. examples as to how you are going to apply your learning in your own practice.**

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| --- | --- |
| ***WHAT YOU HAVE LEARNT/ACHIEVED & HOW YOU HAVE APPLIED IT*:** | |
|  | |
| ***FEEDBACK REGARDING TEACHING MATERIAL / DELIVERY*** | |
|  | |
| **SIGNATURE:** | **DATE:** |