



# ATDP Continuing Professional Development Activity - Participant Feedback

---

Your Name:

---

Event Name:

---

Date:

---

Convenor Name:

---

\* Please write clearly

1	What did you get out of the activity?	
2	How will the information you learned make you a better advocate?	
3	How could this activity be improved for future sessions?	

Thank you for completing this form. Please hand this form to the course convenor before you leave.

