

Course Overview

As a condition of receiving OETT funding, it is requested that recipients of funding (Short course or Long Term funding) complete this form and return to the *Clerk to the Trustees* at the address below for use on the OETT website.

Title	First Name	Surname				
Address Line 1	Email address					
Address Line 2						
Address Line 3	Mobile Number					
Town/City	Day time Tel Number					
County	HPC Registration Number (where applicable)					
Postcode	BAPO Number (where applicable)					
Course Title		Discipline	Please tick			
Course date from	To	Orthotist				
Course venue		Prosthetist/Orthotist				
Organised by		Orthotic Technician				
Speaker / Presenter (s)		Orthotic Assistant				
Please evaluate below the course attended : 1 = strongly disagree 5 = strongly agree		Other (please state)				
I felt familiar with the content of the course before attendance		1	2	3	4	5
The aims and objectives were outlined at the start of the course		1	2	3	4	5
The course achieve the outlined aims and objectives		1	2	3	4	5
The course was well organised		1	2	3	4	5
I was happy with;	Course Content	1	2	3	4	5
	Venue (and catering if provided)	1	2	3	4	5
	Lecturer/Presenter	1	2	3	4	5
	Relevance	1	2	3	4	5
	Timing	1	2	3	4	5
	Handouts	1	2	3	4	5

Article on course attended for OETT website. (approx. 500 words : continue on a separate sheet if necessary)

Permission for article to be published in BAPOMag

Yes No