

**COMMENTS FORM**

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Name.....

Membership Number (on your Membership Card).....

**Subject of Lecture /Study Day/Visit**

.....

Subject well researched \*

Yes

No

Informative content \*

Yes

No

Related to title \*

Yes

No

Organised structure \*

Yes

No

Relevant images \*

Yes

No

Good quality images \*

Yes

No

Lecturing Style

Clear and audible voice \*

Yes

No

Confident presentation \*

Yes

No

Handled equipment well \*

Yes

No

Managed time well \*

Yes

No

Rapport with audience \*

Yes

No

Responded well to questions \*

Yes

No / not applicable

How did you rate the lecture? \*

Outstanding

Excellent

Very good

Good

Passable

Poor

No rating given

Please use the space below to expand your comments