**HPVITS2019-019 - Examination and Surgical Gloves**

**Industry Briefing Feedback Form**

Thank you for attending the Industry Briefing today. So that we may ensure briefings are relevant to the market we would greatly appreciate your feedback by completing **both sides** of this form.

1. Please tick your reasons for attending the briefing today – you may tick as many reasons as are appropriate for you.
* Better understand the tender process
* Better understand HPV
* View the tender specifications
* Meet the people involved
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Overall, how useful was the information you gained today?
* Very Useful
* Fairly useful
* Not useful
1. Was there any information presented today that you already knew / did not require?
* Yes
* No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Was there any information you were hoping to receive today that was not presented?
* Yes
* No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you anticipate submitting a tender?
* Yes
* No
* If No, please tell us why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What could we do to make this Industry Briefing better for you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate each of the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Well below expectations | Below Expectations | Met Expectations | Above Expectations | Well Above Expectations |
|  |  |  |  |  |  |
| **The materials provided**  |  |  |  |  |  |
| **The speaker** |  |  |  |  |  |
| **The content of the session** |  |  |  |  |  |
| **The length of the session** |  |  |  |  |  |
| **The venue**  |  |  |  |  |  |
| **The location**  |  |  |  |  |  |

If you would like a direct response to your feedback, or if you would be happy to discuss your feedback further, please complete your name and contact details below. If you wish to remain anonymous please leave this section blank.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this feedback form back to: j.tang@hpv.org.au**

**Thank you**