

Appendix 4



Informing
Supporting
Representing
Leading

Course Title: Overdose Prevention, Intervention and Naloxone Awareness Session

Course Trainer:

Date:

Venue:

To what extent did this awareness session meet your needs?

Fully	
Partially	
Not at all	

Trainer/venue

1 being poor & 5 being excellent *Please tick;*

	1	2	3	4	5
The trainer style was					
The trainer subject knowledge was					
The presentations were					
The venue was					
The length/duration of the session was					

Will today's session make you more effective in your role or post? If so, how?



How useful was each component?

	Not	A little	Fairly	Very
Background presentation				
Overdose prevention				
Naloxone awareness				
Emergency Basic Life Support				

Please let us have any additional comments or thoughts about the training day

