



EONS Endorsement evaluation form

Title of educational event/learning activity	
Applicant, contact person and organisation	
Application date	
Name of this reviewer 1	
Date of evaluation	
Name of reviewer 2	

Please fill in the box below

	Y/N/ OTHER
Is the educational event/learning activity relevant to cancer nursing in Europe? Y/N	
Does the educational event/learning activity comply with the EONS vision and mission?	
Is the educational event/learning activity relevant for the purpose of the event?	
Do the speakers selected for the educational event/developers of the learning activity have appropriate qualifications and/or experience in the subject area?	
Which of the EONS Cancer Nursing Education Framework Learning Outcomes (CNEFLO) does this educational event/learning activity endeavor to address?	
Does the application form provide adequate evidence that the EONS CNEFLO (identified above) can be adequately addressed by the educational event/learning activity?	
Overall review decision for approval	Yes/ No/ Subject to as listed below

Additional comments from the reviewer: