**Training Evaluation Form**

**Title of event:**

**Date of event:**

**Location of event:**

**Trainers:**

|  |  |  |  |  |  |
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| **Instructions:** Please tick your level of agreement with the statements listed below | Strongly Agree | Agree | Disagree | Strongly Disagree | Not relevant to this event |
| 1. The objectives of the training were met |  |  |  |  |  |
| 2. The presenters were engaging |  |  |  |  |  |
| 3. The presentation materials were relevant |  |  |  |  |  |
| 4. The content of the course was organised and easy to follow |  |  |  |  |  |
| 5. The trainers were well prepared and able to answer any questions |  |  |  |  |  |
| 6. The course length was appropriate |  |  |  |  |  |
| 7. The pace of the course was appropriate to the content and attendees |  |  |  |  |  |
| 8. The exercises/role play were helpful and relevant |  |  |  |  |  |
| 9. The venue was appropriate for the event |  |  |  |  |  |

10. What was most useful?

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11. What was least useful?

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12. What else would you like to see included in this event? Are there any other topics that you would like to be offered training courses in?

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13. Would you recommend this course to colleagues? Yes/No Why?

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14. Any other comments?

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**THANK YOU FOR COMPLETING THIS EVALUATION FORM. FEEDBACK RECEIVED WILL BE USED TO PROVIDE IMPROVEMENTS TO FUTURE EVENTS.**

**EVALUATION FORMS SHOULD BE HANDED TO THE TRAINERS AT THE END OF THE EVENT. ALTERNATIVELY FORMS CAN BE SUBMITTED TO US ONLINE**