



Participant Feedback Form

Please take a few moments to fill in this form. We will use the information you provide to improve the quality of our services. Thank you for your feedback!

Course taken: _____ Instructor: _____
Completion date: _____ Location: _____

A. Registering in the Course

1. How satisfied were you with the registration process on the following criteria?

a) Helpful and knowledgeable staff:

Very satisfied Satisfied Somewhat satisfied Not satisfied

b) Staff friendliness:

Very satisfied Satisfied Somewhat satisfied Not satisfied

c) Payment method:

Very satisfied Satisfied Somewhat satisfied Not satisfied

d) Ease of registration:

Very satisfied Satisfied Somewhat satisfied Not satisfied

2. Is there anything we can improve with our registration process?

B. The Training Facility

3. How satisfied were you with the training facility on the following criteria?

a) Cleanliness of facility:

Very satisfied Satisfied Somewhat satisfied Not satisfied

b) Comfort of training room:

Very satisfied Satisfied Somewhat satisfied Not satisfied

c) Equipment (mannequins and other first aid supplies):

Very satisfied Satisfied Somewhat satisfied Not satisfied

d) Parking:

Very satisfied Satisfied Somewhat satisfied Not satisfied

4. Is there anything we can improve with any of the above?

C. The Delivery of Training

5. How do you rate your overall satisfaction with this course?

- Very satisfied Satisfied Somewhat satisfied Not satisfied

6. How prepared do you feel to use the knowledge and skills acquired through this course?

- Very prepared Prepared Somewhat prepared Not prepared

7. When was this course scheduled?

- Weekday, evening Weekday, daytime Weekend Combination

Was this schedule convenient for you?

- Yes Indifferent No, I would have preferred _____ because _____

8. Please rate your satisfaction with the Instructor:

The Instructor...

	Strongly agree	Agree	Disagree	Strongly disagree
... played a key role in my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... presented information in an easy-to-follow manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... used various teaching methods to help me learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... kept my attention and interest throughout the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... showed interest in my understanding of topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... allowed me enough time to practice skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Were there any subjects of interest that were not covered in the course but you would have liked to?

10. Please add here any other comments or suggestions you would like to make:

D. General Information

11. How did you find out about this course?

- Newspaper Radio Internet Search Yellow Pages Referral Other _____

12. Which was your key reason for taking this course? Please check one as appropriate.

- Academic requirement (College or University)
 Workplace requirement (to maintain compliance with the occupational health and safety legislation)
 Pre-requisite for obtaining another certification (e.g. lifeguard, sport coach etc)
 As group activity (e.g. Girl Guides, Boy Scouts etc)
 For personal interest/reasons
 Other, please specify _____

**Thank you for taking this course with us! If you find it to be of value, please recommend it to others.
Please ask us about other training opportunities, including the First Aid Instructor Training.**

To help the Canadian Red Cross evaluate the course content and materials, please go to:
www.redcross.ca/firstaidfeedback

If you would like to discuss this course with Red Cross representative, please call us at 1.877.356.3226.