

Participant Feedback Form



Name (Optional) _____ Company _____
Date _____ Location _____
Course _____

Rate your confidence level	(Poor					Excellent)
Before the course	1	2	3	4	5	6
After the course	1	2	3	4	5	6

Course Content

Did the course meet your expectations No Yes Exceeded
What did you enjoy most about the course? _____
What did you like least about the course? _____
Were the topics covered adequately No Yes
If "no" please tell us what was missing _____

Your Instructor	(Poor					Excellent)
Was your instructor organised and on time?	No	Yes				
Did he/she communicate clearly?	No	Yes				
Rate the instructor's knowledge	1	2	3	4	5	6
Rate the instructor's overall performance	1	2	3	4	5	6

Your booking experience

Were the staff helpful and knowledgeable? No Yes
If no, tell us how we can do things better _____
Was making the booking easy? No Yes
If no, tell us how we can do things better _____

Please make a comment on your overall training experience

Would you recommend us? No Yes

Thank you for your feedback

TRAINING YOU TO MAKE A DIFFERENCE