

Student Feedback Form



Please tell us about your training session. We aim to provide you with a great training experience! Your feedback plays an important role in our continuous improvement process.

Contact Information: (Optional)

Name:

Tel / Email:

Course Details:

Course Name:

Date:

Please rate each question on a **1-5 scale**: (rating 1 the lowest & 5 the highest)

1. The training and assessment focused on relevant skills:

2. The training prepared me well for work:

3. The training had a good mix of theory & practical:

4. Trainers had an excellent knowledge on the subject:

5. The amount of work / assessment I had to do was reasonable:

6. I would recommend the training to others:

1 = Strongly Disagree

2 = Disagree

3 = Partially Agree

4 = Agree

5 = Strongly Agree

7. Were there any other aspects of the training or assessment you particularly liked?

8. Were there any aspects of the training or assessment that needed improvement?

If you would like us to contact you regarding any concerns, please ensure your contact details are provided

☐

If you have provided your name, please tick here if you **do not** want your comments used in Client Testimonials.

I would like to be sent further information on the following to.....

☐ Food Safety Program Development / Review

<email or postal address>

☐ Food Handler Courses

☐ Food Safety Supervisor Courses

☐ Allergen Awareness Course / Refreshers

☐ Food Hygiene Refreshers

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