



Training Course Assessment Form

PART A	
Name of Training Organisation	
Course Title	
Organisation Address	

PART B			(CAD USE ONLY)
Experience and Quality System of the Organisation	Yes / No	Remarks	
B.1 <i>Experience</i> Has this organisation conducted similar or same CAD recognised course before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', CAD Course Acceptance No: _____ Date: _____ Venue: _____ Class Size: _____	
B.2 <i>Experience</i> If 'No' on B.1, has this organisation conducted other similar training course before ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Course Title: _____ Date: _____ Venue: _____ Class Size: _____	
B.3 <i>Quality Manual</i> Has the Quality Manual been submitted in the package?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quality Manual Issue/Rev. _____	



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PART B - Continuous			(CAD USE ONLY)
Experience and Quality System of the Organisation	Yes / No	Remarks	
B.4 Quality Manual Indicate if the followings are clearly documented in the Quality Manual. - Procedures for preparing & conducting the course - Trainer(s) qualifications, roles & responsibilities - Controlling process of the course - Delivered subjects - Post-course follow-up - System for the feedback of participants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
B.5 Scope What are the nature / scope of business (SOB) of the training organisation? - Government bodies (e.g. HK Productivity Council) - Approved Maintenance Organisation - Aviation Consultant - Other (Please specify SOB in remarks column)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		



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PART C			(CAD USE ONLY)
Trainer Qualification and Arrangements	Yes / No	Remarks	
C.1 Trainer Competency Has the trainer(s) demonstrated Ten years of working experience on related area of presented subjects	Trainer 1 <input type="checkbox"/> Yes <input type="checkbox"/> No Trainer 2 <input type="checkbox"/> Yes <input type="checkbox"/> No Trainer 3 <input type="checkbox"/> Yes <input type="checkbox"/> No Trainer 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Subjects to be instructed: _____ _____ _____ Name: _____ Subjects to be instructed: _____ _____ _____ Name: _____ Subjects to be instructed: _____ _____ _____ Name: _____ Subjects to be instructed: _____ _____ _____	



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PART C – Continuous				(CAD USE ONLY)
Trainer Qualification and Arrangements		Yes / No	Remarks	
C.2	Trainer Competency If 'No' on C.1, has the trainer(s) demonstrated five years of teaching experience on presenting the similar subjects in other courses? <i>(Please provide details of teaching experience in remarks Column)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PART D				(CAD USE ONLY)
The Delivered Subjects of the Course		Yes / No	Remarks	
D.1	Subjects of the Course Does the delivered material cover all Subjects in the CAD Course Subject List? <i>(Please provide the missing subject in remarks column if the delivered material does not cover all subjects in the CAD Course Subject List)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D.2	Subject Coherence If "No" on D.1, what similar subjects will be delivered? <i>(Please evaluate the topic difference in remarks column)</i>			



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PART D – Continuous				(CAD USE ONLY)
The Delivered Subjects of the Course		Yes / No	Remarks	
D.3	Material Updates Is there a clear procedure to update the syllabus in accordance with the latest requirements or the organisation is committed to amend the teaching material?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PART E				(CAD USE ONLY)
Duration, Number of Participant, Venue & Attendance		Yes / No	Remarks	
E.1	Venue Training location: _____ _____ _____ _____ Room Size: _____ (sq m)		<i>Note: The venue shall be suitable for the training with necessary training aids provided.</i>	
E.2	Class size Number of participants: _____ _____ _____		<i>Note: The maximum number of participants is 30. One seat should be reserved for CAD auditor.</i>	



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PART E - Continuous				(CAD USE ONLY)
Duration, Number of Participant, Venue & Attendance		Yes / No	Remarks	
E.3	Duration Course start date: _____ Course completion date: _____ Numbers of day: _____ Training hours per day: _____		<i>Note: The training hour per day should not be more than 7 hours.</i> <i>One hour of lunch break and two 15-minutes breaks should be provided.</i>	
E4	Attendance Is minimum of 90% attendance have to be achieved before the participant is issued with training certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E.5	Equipment Indicate if the training room equipped with suitable Training Aids, such as, Desktop computer / Laptop Projector / Screen / Monitor Microphone / Speaker Full size table (non-foldable theatre table preferred)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

CAD USE ONLY

Course assessed by Officer: _____ Date: _____ Course Number assigned: _____