

WorkCover NSW training evaluation form

For RTOs delivering general construction induction training in NSW under the *Work Health and Safety (WHS) Regulation 2011*

CONFIDENTIAL

Name (optional)

RTO name

Trainer's name

Training date (DD/MM/YYYY)

Start time

TRAINING CONTENT AND MATERIALS

1. Did the training meet your needs?

2. What would you like to see included in the training?

3. Has the training influenced your attitude/perception of workplace WHS?

4. Which activities or training methods did you find the most effective in conveying the course content?

5. What aspects were most relevant to you and how will you use them when you return to work or commence work?

TRAINER'S EFFECTIVENESS

6. Please tick the appropriate boxes

	Excellent	Good	Fair	Poor	Uncertain
Preparation and organisation					
Subject knowledge					
Responsiveness to the participants					
Ability to create a suitable learning environment					

7. Your comments about the overall effectiveness of the course (please select one)

1. Excellent 2. Good 3. Fair 4. Poor 5. Uncertain

How well did the facilitator convey the information?

RESOURCES

8. Your comments about the resources used

	Excellent	Good	Fair	Poor	Uncertain
Quality of visual aids					
Usefulness of handouts					
Effectiveness of practical exercises					

9. Your comments on the appropriateness of the assessment tools/strategies used

10. Your comments on the pace of the course and the level of challenge/difficulty

Please return this form to the trainer or Registered Training Organisation on completion of training.

Should you have any concerns about the quality or integrity of the training you have received, please contact WorkCover Third Party Management Unit:

Phone: 1800 855 969

Fax: (02) 9287 5994

Email: thirdparty@workcover.nsw.gov.au

Post: Third Party Management Unit, Locked Bag 2906, Lisarow, NSW 2252