

H&A TRAINING

Training Evaluation Assessment
Please send to PO Box 2085 Elermore Vale 2287
Or Fax to 0249558083

We value your comments regarding our training, as we have a strong commitment to providing service that meets our clients' needs.

Student Name: _____
(optional)

Trainer Name: _____

Module/training participating in: _____

Please CIRCLE your answer

1. Are you satisfied with the competence of the Trainer?

Extremely satisfied *Mostly satisfied* *Slightly satisfied* *Not satisfied*

2. Have you understood the material that was used in the training?

Extremely satisfied *Mostly satisfied* *Slightly satisfied* *Not satisfied*

3. Were you satisfied with the facility provided?

Extremely satisfied *Mostly satisfied* *Slightly satisfied* *Not satisfied*

4. Was the training received relevant to your requirements?

Extremely satisfied *Mostly satisfied* *Slightly satisfied* *Not satisfied*

5. Have you been satisfied with the length of training?

Extremely satisfied *Mostly satisfied* *Slightly satisfied* *Not satisfied*

6. Do you feel competent and confident to use the skills on this course?

Extremely satisfied *Mostly satisfied* *Slightly satisfied* *Not satisfied*

7. Additional comments
