



TRAINING EVALUATION FORM

Course: _____

Date: ____/____/____

Name (optional): _____

Trainers Name: _____

Please indicate how much you agree or disagree with the following statements by ticking the appropriate box.

Strongly disagree Disagree Agree Strongly agree

Training Program Evaluation

- | | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | The information I received about the training program prior to enrolment was accurate and useful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | The training facilities and equipment were what I needed for my training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | The contents of the training program was easy to understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | All written materials received was easy to follow and understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I felt comfortable and confident during the assessment process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I found the assessment questions were appropriate for my level of skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | I felt I achieved the learning outcomes for this course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | H & A Training staff made my learning experience as a whole an enjoyable and rewarding experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | I would recommend this course to family and friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | The resources we used were appropriate and relevant to the course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | I would consider doing further training with H & A Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | I found the activities were relevant to my needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Trainer Evaluation

- | | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. | The trainer gave an overview of the training program at the onset of each session and explained the assessment process adequately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | The trainers' knowledge and skills were relevant to this course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | I felt my questions were clearly answered by the trainer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | The trainer satisfactorily controlled the group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | The presentation of each session was relaxed and confident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | The trainer demonstrated that they had current skills and knowledge of their industry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | The trainer allowed enough time for questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | What sort of changes/improvements do you feel could be made to this course? (e.g. What other types of skills would you like to learn?) | | | | |

21. What sort of changes/improvements do you feel the trainer could implement to improve delivery of the course? (e.g. Play more games; implement more group work; set more individual tasks; etc.)

Please return this form by mail to PO Box 2085 Elmore Vale 2287 or email firstaid@hatraining.com

*Thank you for completing this evaluation form. The information obtained from this form will be utilised by H & A Training to improve training and assessment processes for our Trainees
Good luck in your future training journey!*