**Training Feedback Form**

We are always keen to receive your views on the training we deliver. The feedback you give allows us to continually adapt training to better suit your needs. We would appreciate it if you could spend a few minutes filling in this form before you leave (please hand it to the trainer when you’ve finished).

**{All feedback will be treated in the strictest of confidence.}**

**Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of training course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Trainer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty: FAHS/FBEL/FEPS/FHMS Degree Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level: 1/2/Placement/3/PGT/PGR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Poor** | **Average** | **Good** | **Excellent/**  **Useful** |
| **Overall Verdict** | 1 | 2 | 3 | 4 |
| **Training Structure** | 1 | 2 | 3 | 4 |
| **Training Content** | 1 | 2 | 3 | 4 |
| **Quality of Handouts** | 1 | 2 | 3 | 4 |
| **Session Length** | 1 | 2 | 3 | 4 |
| **Trainer(s)** | 1 | 2 | 3 | 4 |
| **Venue** | 1 | 2 | 3 | 4 |
| **Pace of Training** | 1 | 2 | 3 | 4 |
| **Exercises & Games** | 1 | 2 | 3 | 4 |
| **I had fun** | 1 | 2 | 3 | 4 |
| **I learnt something useful** | 1 | 2 | 3 | 4 |
| **I’m glad I came** | 1 | 2 | 3 | 4 |

**What did you like about the course?**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**What do you think could be improved?**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Outline 3 things that you will take with you/have learnt in this session**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Do you have any suggestions for new sessions? (If so, please give details and if you would like to be contacted about this idea please include your email address)**

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**Would you like to be contacted about becoming a trainer or about upcoming session? (if so, please include your email address)**

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**If you don't mind, please could you give us a little more information about yourself?**

Gender: Male/Female/Prefer not to specify

Age: 16-21 22-30 31-40 41-50 51-60 61-65 65+

Status: Home Student EU Student International Student

How did you first hear about this training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_