

EVALUATION OF EDUCATIONAL/TRAINING EVENT

Course Title:

Date(s) of Course:

Course Venue/Room:

Course Facilitator:

These questions are designed to help you reflect on your experience of learning and to provide an evaluation of the course provision.

Please award a score where asked, using the rating scale shown below, regarding the **process** and **content** of the course you have attended. Additionally, provide any comments that you wish to include about the provision.

1 Please score the provision on the following criteria::

Objectives were achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Objectives were not achieved
Stimulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boring
Relevant to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrelevant
Well structured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poorly structured
Challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undemanding
Good use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor use of time
My skills and knowledge in the subject have greatly improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not improved at all
I would be confident showing or telling my colleagues or manager what I have learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I would feel unsure doing this
The venue and learning environment were suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsuitable
Administration prior to the course was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problematic
Overall, the programme was excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall, the programme was poor

2 Would you recommend the provision to your colleagues?

Yes

No

3 What for you were the particular strengths of this event?

4 Which parts, in your view, needed improving or amending?

5 What do you plan to do differently in the workplace as a result of your attendance?

6 Any additional comments you would like to add:

Thank you for completing this form