

Date of Training

Name of Trainer

Your Name

Your Company

Your Email Address

Please rate the following aspects of the course	excellent	good	not good	poor
<b>1</b> Organisation and domestics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Overall enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▼ What did you enjoy most about the training provided?

▼ What did you enjoy least about the training provided?

▼ Any other comment:

Course

Date / /

Name