

Training Evaluation Form

Title of event:

Date of event:

Location of event:

Trainers:

| Instructions: Please tick your level of agreement with the statements listed below | Strongly Agree | Agree | Disagree | Strongly Disagree | Not relevant to this event |
|--|----------------|-------|----------|-------------------|----------------------------|
| 1. The objectives of the training were met | | | | | |
| 2. The presenters were engaging | | | | | |
| 3. The presentation materials were relevant | | | | | |
| 4. The content of the course was organised and easy to follow | | | | | |
| 5. The training was well prepared and able to answer any questions | | | | | |
| 6. The course length was appropriate | | | | | |
| 7. The pace of the course was appropriate to the content and attendees | | | | | |

8. What was most useful?

9. What was least useful?

10. What else would you like to see included in this event? Are there any other topics that you would like to be offered training courses in?

11. Would you recommend this course to colleagues? Yes/No Why?

12. Any other comments?

**THANK YOU FOR COMPLETING THIS EVALUATION FORM. FEEDBACK RECEIVED
WILL BE USED TO PROVIDE IMPROVEMENTS TO FUTURE MEMBERS TRAINING.**