

# Course Evaluation form

Please help us improve our service by completing this brief questionnaire.  
Please be honest as possible as we value your views on the course. Thank you.

On a score of 1- 5 please circle the appropriate numbers:

**1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent**

Please add any additional comments below each section.

1. The suitability of the training resources 1   2   3   4   5

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2. To what extend did the content and training meet your needs? 1   2   3   4   5

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3. What parts of the course did you most learn from? 1   2   3   4   5

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4. What parts of the course could be improved? 1   2   3   4   5

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5. What was your overall impression of the course? 1   2   3   4   5

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Please tick here  if you would prefer that this information is not used in future promotions.

Name (optional) \_\_\_\_\_ Organisation (optional) \_\_\_\_\_

Course Date: \_\_\_\_\_