

Training Form

Please return this form to <<STATE>> by <<STATE DATE>>.

| | |
|------------------|--|
| Name (optional) | |
| Training event | |
| Date of training | |
| Trainer | |

Please rate the following from 1 = poor to 3 = very good

| | 1 | Good 2 | Very Good 3 |
|--|---|-----------|----------------|
| Relevance of course content to your job | | | |
| Extent to which course content met your needs | | | |
| Quality of written materials (if applicable) | | | |
| How would you rate the delivery of the course content? | | | |
| How would you rate your knowledge/skills in this area before the course? | | | |
| How would you rate your knowledge/skills in this area after the course? | | | |
| Suitability of training location | | | |

How have you applied / will you apply what you have learned in the workplace?

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How would you have liked the training to be improved?

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Please give any further feedback or comments.

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