

Evaluation Form

Please note you will need to download and save the file to be able to complete and return it to us. Without this the boxes will not remain filled in.

Please complete your responses and add any comments you feel may be useful.

Course name:	Name of instructor/s: #1 _____ #2 _____
Venue: N/A (Virtual Course)	Course Start date: _____/_____/_____
<p>How likely are you to recommend this course to others?</p> <p>Please can you tell us why you gave that response?</p>	
<p>How would you rate the pre-course information? (Joining instructions, accessing resources etc)</p> <p>Do you have any further comments:</p>	
<p>How would you rate the course learning platform? (eLearning and video chat)</p> <p>Comments:</p>	
<p>How would you rate the presentation style?</p> <p>Comments:</p>	

How would you rate **Instructor 1** in terms of their knowledge?

Comments:

How would you rate **Instructor 2 (if applicable)** in terms of their knowledge?

Comments:

How would you rate the information in the training material provided?

Comments:

Given current restrictions due to COVID-19, in future, would you prefer to attend Face-to-Face training where possible or online eLearning based training sessions?

Comments:

On a scale of 1 – 10 please score your knowledge and confidence of how best to support others in the specific topic before and after the course:

(where 0 is the lowest and 10 is the highest)

Before:

After:

Do you have any further comments to make?