

Training Evaluation - **To be completed in full at the end of the training session / course**

Name of Course:	
Date of Course:	
Time:	
Location / Site	
Lead Trainer:	
Your Department:	
Your Job Title:	

Please complete this evaluation by ticking an option from 1 – 5

1 = Disagree 3 = Somewhat agree 5 = Strongly agree

No.	Questions	Rating				
		1	2	3	4	5
<b>Confidence</b>						
1	I feel confident the course has met the learning objectives as shared by the trainer					
2	Before completing this course I felt very confident about applying the knowledge and skills within my role					
3	After completing this course I feel much more confident about applying the knowledge and skills within my role					
<b>Skills &amp; Knowledge</b>						
4	Before completing this course my knowledge of the topic covered was very high already (e.g. was it from a previous clinical role)					
5	After completing this course my knowledge of the topic covered is now much higher					
6	The course was applicable to my role					
<b>Trainer</b>						
7	The trainer was energetic and motivated me to learn					
8	The trainer encouraged & responded to the groups questions well					
9	The trainer gave delegates opportunities to participate & exchange ideas					
10	The trainer summarised key messages and recapped the learning at the end					

### Overall course experience

11	Registration onto the course was done for me by HR				
12	I was given sufficient notice to attend this training				
13	I completed all E-Learning (required) prior to this course.				
14	I would recommend this course to colleagues.				
15	The delivery format (e.g. face-2-face) worked well for me				
16	I had support from my Line Manager to complete this course within work time				

### Finally, can you please tell us:

17) Please identify what you will put into practice or develop as a direct result of what you have learned?

Action/ 1	
Action/ 2	

18) Did you rate any of the course experience poorly scoring 1 or 2?  
Why was this: - E.g. admin process, time to attend, training not applicable to role? - Please explain why:

19) Relating to your experience, do you have additional comments to add relating to what you are particularly happy with and what could be improved, this is for the benefit of future learners:

### Communication preferences:

To improve our courses and your learning experience, the Core Skills Quality Assurance & Evaluation team may wish to contact you regarding your feedback.

Please select your communication preference below:

- I am happy to be contacted for further information if required
- I do not wish to be contacted for further information

### Delegate details:

You can choose to supply your details or remain anonymous, however if you are happy to be contacted regarding your feedback, we will need to know how to reach you:

Print Your Name:	
Print Your Email address:	