

# Delegate feedback form

Please complete and return to the trainer.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Tel/Email: \_\_\_\_\_

Job title: \_\_\_\_\_

Trainer's name: \_\_\_\_\_

Course date/s: \_\_\_\_\_

Please tick this box if you **Do Not** want your comments to be used in future literature

Please circle the word that best describes your experience on this course

1. You found the trainer:

Excellent          Good          Average          Poor          Very poor

2. You found the course content:

Excellent          Good          Average          Poor          Very poor

3. You found the learning aids used in the course:

Excellent          Good          Average          Poor          Very poor

4. Overall, how would you rate the course?:

Excellent          Good          Average          Poor          Very poor

5. How confident would you feel using the knowledge you learned on this course:

Very confident          Confident          Somewhat confident          Not confident

6. If you have any comments to make, please use the box below:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the back of this sheet if your comment does not fit in the box above.