|  |  |  |
| --- | --- | --- |
| Course Title |  | Date: |
| Level of course (PLEASE CIRCLE) | First time | Repeat/update | Advanced |
| Name of Training Supplier  |  | Trainer’s Name |  |
| Your Name (IN CAPITAL LETTERS) |  | Job role: |  |
| Your Employer/Organisation |  |

|  |  |
| --- | --- |
| ***Circle the number that most closely represents your view:*** | ***Please write down any additional comments; continue below if you need more space:*** |
| ***1)Stimulating*** | *6* | *5* | *4* | *3* | *2* | *1* | ***Uninteresting*** |  |
| ***2)Useful for my work***  | *6* | *5* | *4* | *3* | *2* | *1* | ***Not useful for*** ***my work*** |  |
| ***3)Good discussions***  | *6* | *5* | *4* | *3* | *2* | *1* | ***Limited discussions*** |  |
| ***4)Easy to follow*** | *6* | *5* | *4* | *3* | *2* | *1* | ***Difficult to follow***  |  |
| ***5)Well spaced out***  | *6* | *5* | *4* | *3* | *2* | *1* | ***Too condensed/ too long*** |  |
| ***6)Good level of activities***  | *6* | *5* | *4* | *3* | *2* | *1* | ***Poor level*** ***of activities*** |  |
| ***7)Course objectives achieved***  | *6* | *5* | *4* | *3* | *2* | *1* | ***Course objectives not achieved*** |  |

|  |  |  |
| --- | --- | --- |
| ***8) Did you feel comfortable and included – were issues of equality and diversity addressed?*** | **Yes** | **No** |

***A. To what extent has your understanding of the subject improved or increased as a result of the course?***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A lot | 6 | 5 | 4 | 3 | 2 | 1 | Little | Why? |

***B. How much has your knowledge in the subject improved or increased as a result of the course?***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A lot | 6 | 5 | 4 | 3 | 2 | 1 | Little | Why? |

***C. How much has the course helped to enhance your appreciation and understanding of your job?***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A lot | 6 | 5 | 4 | 3 | 2 | 1 | Little | Why? |

***D. How do you rate the balance between input sessions, activities, discussions, and videos?***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Good  | 6 | 5 | 4 | 3 | 2 | 1 | Poor | Why? |

***E. How do you rate the training environment in terms of Health and Safety?***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Good  | 6 | 5 | 4 | 3 | 2 | 1 | Poor | Why? |

|  |  |  |  |
| --- | --- | --- | --- |
| ***F. Did you think that the number of participants on the course was:*** | ***Too few***  | ***Just right*** | ***Too many*** |

Please rate the trainer: 4 = Very effective 3 = Good 2 = Not very effective 1 = Not effective

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (i)(a) | Knowledge of subject | *4* | *3* | *2* | *1* | (iv) | Style and delivery | *4* | *3* | *2* | *1* |
| (ii) | Organisation of sessions | *4* | *3* | *2* | *1* | (v) | Responsiveness to group | *4* | *3* | *2* | *1* |
| (iii) | Well prepared | *4* | *3* | *2* | *1* | (vi) | Produces a good learning atmosphere | *4* | *3* | *2* | *1* |

***Please use this space for any other comments: ­­­­­­­­­­­­­­­­­­­­­­­­­­­***

***Please write below a few words about this training course, which HCPA can use in their publication (website, newsletters, etc.):***

* ***Please tick here to agree for HCPA to use the quote below along with your job role and name of your organisation in our publicity.***