

Evaluation form

We value your feedback; please take a few minutes to complete this form. Thank you.

Name (optional): _____ Organisation (optional): _____

Date: _____ Time: _____ Location: _____

Course attended: Awareness Assessment

1. Please tell us how well you think the training session:

Please ✓ appropriate box	Very well	Quite well	Partly	Not well	Not at all
Met your needs					
Was relevant to your organisation					

2. Which were the most beneficial parts and why?

3. If there was one thing you could change, what would it be?

4. Please rate your facilitator's:

Please ✓ appropriate box	Very well	Quite well	Partly	Not well	Not at all
Knowledge of the subject					
Ability to respond to questions					
Enthusiasm for the subject					
Additional comments:					

5. How well do you rate:

Please ✓ appropriate box	Very well	Quite well	Partly	Not well	Not at all
The venue and facilities?					
Quality of slides?					
Quality of other materials/content?					
Additional comments:					

6. Any other comments?