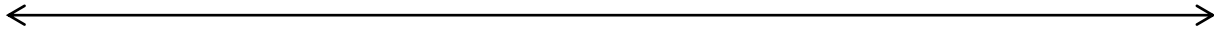


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Course details			
Training/course name			
Facilitator's name			
Training venue		Date	

What will you remember most from this training?

Circle how confident you feel about using the skills and knowledge from this training.				
1	2	3	4	5
No confidence				Very confident
				

Rate the following...					
	1. Very dissatisfied	2. Dissatisfied	3. Neutral	4. Satisfied	5. Very satisfied
Quality and suitability of materials provided					
Quality and suitability of learning activities					
Training Facilitator's content knowledge					
Training Facilitator's presentation skills					

What improvements would you recommend for this training?
<i>Optional</i> – Write your email in the space below if you are happy to be contacted about your recommendations