

## Training Feedback Form

Thank you for attending. Your feedback helps us improve future sessions. Fill the checkboxes completely using a blue or black pen. Your responses are confidential.

### Rate your experience

Please rate the following.

Please cross one in each line

The objectives of the training were met

The trainer was knowledgeable

The pace was appropriate

The materials were useful

The content was relevant to my role

I can apply what I learned

| Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly agree        |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How would you rate this training overall?

(Please cross one)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

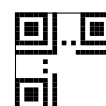
### Your comments

What was the most valuable part of this training?

What could be improved?

Thank you for your feedback. Please hand this form back to the facilitator before you leave.

To respond ☒ or ☐



DRFT 0001