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**COURSE EVALUATION**

Top of Form

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| --- |
| Please share your training experience with us so that we can continue to maintain the high standard of training for all our future courses. Your personal data will be treated with strictest confidentiality. |
| |  |  |  |  | | --- | --- | --- | --- | | **Name:**  **(optional)** |  | **Email:**  **(optional)** |  | | **Phone:**  **(optional)** |  |  |  | | **Course Date:**  **(optional)** |  | **Evaluation Code\***  **(Mandatory)** |  | |
| **MY PRE-COURSE DETAILS**  Before the course I was:   |  |  |  |  | | --- | --- | --- | --- | | **Very**  **confident** | **Confident**  **enough** | **Not**  **So much** | **Not**  **at all** | |  |  |  |  | |
| |  | | --- | |  | | **My objectives before the start of the course were:**   |  | | --- | |  | | | | | |
| **COURSE DELIVERY** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | The trainer enquired about individual's or group's expectations at the start: \* | | | Yes |  | | No |  | | May be |  | |  | |  |  | | --- | --- | | The trainer outlined the objectives at the start of the course: \* | | | Yes |  | | No |  | | May be |  | |  | |  |  | | --- | --- | | The trainer was flexible in accommodating the group's expectations: \* | | | Yes |  | | No |  | | May be |  | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **How did you feel about the Trainer's: \*** | | | | | | | |  |  | **Very satisfied** | **Satisfied** | **Somewhat satisfied** | **Dis-satisfied** |  | | Enthusiasm | |  |  |  |  |  | |  | | | | | | | | Knowledge of the subject covered | |  |  |  |  |  | |  | | | | | | | | Explanation of the topics | |  |  |  |  |  | |  | | | | | | | | Ability to answer queries | |  |  |  |  |  | |  | | | | | | | | Use of appropriate exercises | |  |  |  |  |  | |  | | | | | | | | Ability to engage audience | |  |  |  |  |  | |  | | | | | | | | Friendliness and Approachability | |  |  |  |  |  | |  | | | | | | | | **How did you feel about the Course: \*** | | | | | | | |  |  | **Very satisfied** | **Satisfied** | **Somewhat satisfied** | **Dis-satisfied** |  | | Structure | |  |  |  |  |  | |  | | | | | | | | Pace | |  |  |  |  |  | |  | | | | | | | | Level | |  |  |  |  |  | |  | | | | | | | | Overall | |  |  |  |  |  | |  | | | | | | | | **How did you feel about the Training facilities: \*** | | | | | | | |  |  | **Very satisfied** | **Satisfied** | **Somewhat satisfied** | **Dis-satisfied** | **N/A** | | Admin/Booking procedure | |  |  |  |  |  | |  | | | | | | | | Room | |  |  |  |  |  | |  | | | | | | | | IT Equipment | |  |  |  |  |  | |  | | | | | | | | Refreshments | |  |  |  |  |  | | **MY ACHIEVEMENT/S** | | | | | | | | **Were your objectives met? \*** | | | | | | | | Yes - All or Most of them | | | | | | | | Very few | | | | | | | | No - None at all | | | | | | | |  | | | | | | | | |
| |  | | --- | |  | | **Any other comments on course, trainer, venue, skills gained, etc...**   |  | | --- | |  | | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **FUTURE** | | | | | | |
| **Would you recommend Phoenix Solutions4all to others? \*** | | | | | | |
| Definitely       Yes       May be       No |
|  | | | | | | |
| **Would you be interested in another course in the future? \*** | | | | | | |
| Yes       No       I'll think about it |  | | | | | |
| **Would you like us to pass on your thanks to the trainer? \*** | | | | | | |
| Yes       No |  | | | | | |
| |  | | --- | |  | | If Yes then please write your message below:   |  | | --- | |  | | | | | | | | | |
| |  | | --- | |  | | **Please write a testimonial for our website (Couple of lines would be much appreciated)**   |  | | --- | |  | | | | | | | | | |
|  | | | | | | |
| **If the course didn't meet your expectation would you like to share your concerns with the management of Phoenix Solutions4all?** |  |  |  |  |  |  |
| Yes       No |  |  |  |  |  |  |
| |  | | --- | |  | | If Yes then please write you message below:   |  | | --- | |  | | | | | | | | | |
|  | | | | | | |