**TRAINING EVALUATION FORM**

**Title of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Instructions:** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not relevant to this event** |
| The objectives of the training were met |  |  |  |  |  |
| The presenters were engaging |  |  |  |  |  |
| The presentation materials were relevant |  |  |  |  |  |
| The content of the course was organised and easy to follow |  |  |  |  |  |
| The trainers were well prepared and able to answer any questions |  |  |  |  |  |
| The course length was appropriate |  |  |  |  |  |
|  The pace of the course was appropriate to the content and attendees |  |  |  |  |  |
| The exercises/role play were helpful and relevant |  |  |  |  |  |
| The venue was appropriate for the event |  |  |  |  |  |
| **What was most useful?** |
| **What was least useful?** |
| **What else would you like to see included in this event? Are there any other topics that you would like to be offered training courses in?** |
| **Would you recommend this course to colleagues?** **Yes/No** **Why?** |
| **Any other comments?** |