

FEEDBACK FORM

**Thank you for attending this training event.
Please complete & leave this Feedback Form with us before you leave.
We value your feedback to help us improve.**

EVENT TITLE: Title

DATE: _____

MODULE/SESSION TITLE: Title

Please complete this section in full

Please answer all questions by placing a 0 in the appropriate box.

EVENT ORGANISATION	Excellent	Good	Fair	Poor	Very Poor
	5	4	3	2	1
How did you find the convenience of the venue?					
How did you find the conference facilities/seminar room?					
How did you find the food & refreshments?					
Was this programme value-for-money?					
How did you find the event duration?					
Overall, how was our organisation of the event?					

CHAIRPERSON [Insert Name]	Strongly agree	Agree	No Opinion	Disagree	Strongly Disagree
	5	4	3	2	1
Well-prepared.					
Clear.					
Exercised good time management.					
Facilitated the Q&A /discussion session well.					

SESSION CHAIRPERSON [Insert Name]	Strongly agree	Agree	No Opinion	Disagree	Strongly Disagree
	5	4	3	2	1
Well-prepared.					
Clear.					
Exercised good time management.					
Facilitated the Q&A /discussion session well.					

SPEAKER 1/WORKSHOP LEADER 1: [Insert Name]	Strongly agree	Agree	No Opinion	Disagree	Strongly Disagree
	5	4	3	2	1
Well-prepared.					
Clear.					
Knowledgeable about the subject.					
Held my interest.					
Provided appropriate presentation/ course materials/ handouts.					

SPEAKER 2/WORKSHOP LEADER 2: [Insert Name]	Strongly agree	Agree	No Opinion	Disagree	Strongly Disagree
	5	4	3	2	1
Well-prepared.					
Clear.					
Knowledgeable about the subject.					
Held my interest.					
Provided appropriate presentation/ course materials/ handouts.					

P.T.O

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WORKSHOP EXERCISES/ACTIVITIES: (for workshop-style programmes only)	Strongly agree	Agree	No Opinion	Disagree	Strongly Disagree
	5	4	3	2	1
Were well-structured.					
Provided me with adequate opportunities for practice.					
Were well-facilitated.					
Helped me identify areas of improvement.					

YOUR OPINION	Strongly agree	Agree	No Opinion	Disagree	Strongly Disagree
	5	4	3	2	1
I learnt something valuable from this program.					
I feel that the learning objectives were met.					
I would recommend this program to my friends/colleagues.					

In what ways can we improve? Please let us know by writing in the space below.

Please write your suggestions for other training events/programs or publications in the box below.

Thank you for taking the time to complete this form.