Name (optional) ……………………………………………………… Date ………………..…………….

Course ……………………………………………………… Location ……………………………..

**Please complete this form to provide feedback to enable us to continually improve our courses and venues.**

Rate your own knowledge of the subject **before the session/course:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Low* | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | *High* |

Your feedback regarding the course:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Extremely Dissatisfied | Dissatisfied | Satisfied | ExtremelySatisfied |
| Booking Process |  |  |  |  |
| Course Content |  |  |  |  |
| Learning Materials |  |  |  |  |
| Course Duration |  |  |  |  |
| Course Venue |  |  |  |  |

Your feedback regarding your tutor / instructor / facilitator:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Extremely Dissatisfied | Dissatisfied | Satisfied | ExtremelySatisfied |
| Delivery Style |  |  |  |  |
| Subject Knowledge |  |  |  |  |
| Ability to communicate |  |  |  |  |
| Organisation |  |  |  |  |

Any additional comments regarding the course, venue, or trainer:

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Finally, now rate your knowledge of the subject **after the session/course**:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Low | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | High |

**Thank you for taking the time to complete this questionnaire.**

If you do not want your comments and first name to be shown online or in marketing material, please tick here 🗆