

Feedback Sheet

Name: _____

Location: _____ Training Provider: _____

Date: _____ Course/Task: _____

Please tick the box which most reflects your views on the course or task you have just completed

Course Aspect	1 Very Poor	2 Poor	3 Adequate	4 Good	5 Very Good
Information provision and organisation before course					
Venue/Facilities					
Accessibility of location					
Suitability of indoor workspace					
Suitability of outdoor worksites					
Tuition					
Explanation of objectives and activities for the day					
Quality of tuition					
Provision of training materials					
Opportunity to ask questions					
Relevance of course contents					
Assessment (if relevant)					
Explanation of assessment process					
Health and Safety					
Identification/discussion of the health and safety aspects of the activity					

Please use the space below for any other comments you may have, particularly the reasons for disagreeing with any of the statements. Please note that all information will be treated as strictly confidential. Please continue overleaf if required.

Thank you for giving your time in responding to this form