

Training Feedback Form

Training Course Completed:			
Date:	Time/Length:	Trainer:	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?			
Was the course content and material complete and comprehensive?			
Will this information be useful to you in your job role?			
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?			
Did the course challenge your thinking and understanding of the product/procedure/training area*?			
Do you feel the training is beneficial to your team?			
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?			
Did you feel the instructor was knowledgeable in the area covered?			
Did the trainer encourage discussions and questions?			
Comments			
Do you require any further training in this area?			
If so, what would you like this training to cover?			
Further comments:			
Name:			
Date:			

*Please delete as applicable

