

# Delegate Evaluation Form

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

*In order for us to continually improve the services we offer to our members, it would be appreciated if you could please spare a few moments to complete this questionnaire please write clearly and pass to the trainer before you leave the course. PLEASE WRITE IN BLOCK CAPITALS.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Authority: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## About the Event

How did you rate the course overall?

Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
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## About the Session and Workshops

<b>Quality of Trainer</b>	Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
Comments:				
<b>Relevance of Handouts</b>	Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
Comments:				
<b>Time given for discussion and questions</b>	Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
Comments:				
<b>Relevance of session to your working situation</b>	Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
Comments:				

**Questions** – please comment on the following:

What were your objectives for attending the course?	
Were the course objectives outlined fully at the start of the course and were they met?	
Which parts of the course did you find the most <b>useful</b> ?	
Were there any parts of the course you found <b>unhelpful</b> ?	
Are there any areas which were not covered that you would like to see included in future	

courses?

-PTO-

## Marketing

How did you rate the organisation and booking arrangements?

Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
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Comments .....

## Venue

How did you rate the venue?

Excellent <input type="radio"/>	Good <input type="radio"/>	Adequate <input type="radio"/>	Poor <input type="radio"/>
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Comments .....

## Transport

Please confirm your travel arrangements for the course:

<b>Method of Transport</b>	Car <input type="radio"/>	Car Pool <input type="radio"/>	Taxi <input type="radio"/>	Train <input type="radio"/>	Flight <input type="radio"/>	Walk <input type="radio"/>	Other forms of Public Transport <input type="radio"/>
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Other - please state other forms of public transport used to attend course:

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## Comments

Please give any general comments on the course as a whole:

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Please tick if you object to any comments being used for promotional purposes

Thank you for taking the time to complete this questionnaire.

Please forward to Jessica Mistry: [jmistry@apse.org.uk](mailto:jmistry@apse.org.uk)

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