End of Programme Feedback

Name: ……………………………………. Date: ……………………….

Programme: …………………………………… Level: ………………………

To help us maintain high quality training/support on our programmes, could you please answer the following questions:

Do you feel the Programme met your expectations?   Yes / No   **(if yes how did it meet them, if no explain briefly)**

Were you satisfied with the support you received? (please explain briefly)

What do you feel you have achieved by completing this programme?

Is there other training you would like to pursue?

Is there anything you feel could have been better? (briefly explain)

What are your goals for the future?

Are there any suggestions/comments you feel would be of benefit to you or us?

Signed (Optional) …………………………………Date: ……………………..