

End of Course Feedback

Name:	Date:
Course:	Level:
To help us maintain high quality training/support on our programmes, could you please answer the following questions:	
Do you feel the course met your expectations? Yes / No	
(If yes, how did it meet them, if no explain briefly please)	
Were you satisfied with the support you received	? (please explain briefly)
What do you feel you have achieved by completing	ng this course?
Is there other training or activities you would like to pursue?	



Is there anything you feel could have been better? (briefly explain)	
What was your goal at the start of the course and are you the course?	ou closer to it at the end of
Are there any suggestions/comments you feel would be	of benefit to you or us?
Signed (optional)	Date: