

Participant Feedback Form

Please complete this form to help us improve our training in future.

1. How much of the activity were you able to attend?

(please put a circle around one answer)

- a) All of it (every day, all sessions).
- b) Most of it.
- c) Half of it or less than half.

2. Are you: *(please circle one)*

- a) Female
- b) Male

3. Please rate the following on a scale of 1 to 5 where 1 is the minimum and 5 is the maximum *(please tick one box only for each statement)*

Statement	Least Most				
	1	2	3	4	5
Relevance of this training to your current work					
Extent to which you have learned information that is new to you					
Extent to which the course met your objectives					
I would recommend this course to my colleagues					

4. Please select three words which sum up your experience over the last three days:

i. _____ ii. _____ iii. _____

**Thank you for completing this questionnaire.
Please give this to the trainer before you leave.**