

Does the trainer have a training qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the trainer have theoretical experience with the topic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the trainer have practical experience in applying the training principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Delivery **Yes** **No** **N/A**

Are the means of delivery suitable for the target audience?

Are the means of delivery suitable for the training objectives?

Comments:

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Post-training feedback **Yes** **No** **N/A**

Have you been given feedback on the training course and trainer's delivery?

Has the training met your needs (e.g. do individual trainers need feedback)?

Have any improvements or suggestions been made?

Comments:

Review and update **Yes** **No** **N/A**

Has feedback been provided to the trainer?

Has the training program been updated to address feedback?

Should the course be held again? Why/Why Not? (Comments please)

Comments:

Name		Trainer	
Signature		Date	