



## Training Feedback Form

TES 02A rev.3

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Region

Programme

Venue

Event

Start date

Lecturer

Test

Test

Test

IT Test 3

03/15/2022

TBD

Training

## We welcome your feedback!

How would you score the following statements regarding your course?

	N/A	very poor		excellent
The <b>booking process</b> was straightforward and administrators friendly and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The <b>joining instructions</b> and pre-course information were helpful and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The <b>training environment</b> was safe and appropriate and satisfied my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The <b>objectives of the course</b> were clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The <b>tutor/lecturer</b> was friendly and knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fundamental <b>principles were explained</b> in a clear way and at an appropriate level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Questions were answered</b> clearly and at an appropriate level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Audience participation</b> and interaction was encouraged and the tutor spent time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The course was conducted in a pleasant and positive <b>atmosphere</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Practical sessions</b> (if any) were organised and conducted in an efficient way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The <b>notes</b> were clear, professionally presented and arrived on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The practical <b>equipment and samples</b> used were suitable and at an appropriate level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The <b>overall quality</b> of course was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The course met my full <b>expectations</b> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please help us to improve our services - if you cked "very poor" give us some explanaaon (use space on the revers of the form...)



## Training Feedback Form

TES 02A rev.3

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Region	Programme	Venue	Event	Start date	Lecturer
Test	Test	Test	IT Test 3	03/15/2022	TBD

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Let us know how we did (both positive or negative feedbacks are welcomed):

TEst

amirbehvandi01747@gmail.com

Please provide your name: Amir None Behvandi

We would like to inform you about our special offers, interesting events and share marketing material. You may give us permission by writing your e-mail address.

Having attended one of our courses we wish you well in your career path. If you are interested in any other courses please let us know by ticking the relevant boxes below and one of our advisers will contact you to discuss.

- |   |  |
|---|--|
| <input type="checkbox"/> Penetrant Testing (NDT)                      | <input type="checkbox"/> Introduction to Welding and NDT             |
| <input checked="" type="checkbox"/> Magnetic Testing (NDT)            | <input checked="" type="checkbox"/> Visual Welding Inspector (CSWIP) |
| <input type="checkbox"/> Radiographic Testing (NDT)                   | <input type="checkbox"/> Welding Inspector (CSWIP)                   |
| <input checked="" type="checkbox"/> Radiographic Interpretation (NDT) | <input type="checkbox"/> Senior Welding Inspector (CSWIP)            |
| <input checked="" type="checkbox"/> Ultrasonic Testing (NDT)          | <input type="checkbox"/> Welding Quality Control Coordinator (CSWIP) |
| <input type="checkbox"/> Eddy Current Testing (NDT)                   | <input type="checkbox"/> Practical Welder Training (CSWIP)           |
| <input type="checkbox"/> Time of Flight Diffraction (NDT)             | <input type="checkbox"/> Introduction to ASME IX Welding Standards   |
| <input type="checkbox"/> Phased Array Ultrasonic (NDT)                | <input type="checkbox"/> Introduction to European Welding Standards  |
| <input type="checkbox"/> ACFM (NDT)                                   | <input type="checkbox"/> Review of Welding Procedures to ASME IX     |
| <input type="checkbox"/> Digital / Computed Radiography (NDT)         | <input type="checkbox"/> Site Coatings (BGAS - CSWIP)                |
| <input type="checkbox"/> Automated Ultrasonic Testing (NDT)           | <input type="checkbox"/> Painting Inspector Grade 2 (BGAS - CSWIP)   |
| <input type="checkbox"/> Pulsed Eddy Current (NDT)                    | <input type="checkbox"/> Welding Inspector (BGAS - CSWIP)            |
| <input type="checkbox"/> Appreciation of Basic NDT methods            | <input type="checkbox"/> IIW / EWF Welding Diploma                   |
| <input type="checkbox"/> Appreciation of Advanced NDT methods         | <input checked="" type="checkbox"/> Plant Inspector (CSWIP)          |
| <input type="checkbox"/> Cathodic Protection                          | <input type="checkbox"/> CSWIP Underwater                            |

THANK YOU FOR CHOOSING TWI, GOOD LUCK AND HOPE TO SEE YOU AGAIN.

Confirmed:

Scanned Form:

Upload files

Update

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