



ZED 5-Day Training Program

Feedback

Date:

Venue:

Please help us improve our program by filling out and submitting this feedback form
AFTER you have completed the training

Name:	Designation:
Organization & Address :	
E-mail:	Phone 1:
Alternate E-mail:	Phone 2:

PART I

Please rate the following (5 being the highest):

How do you rate

1. The overall delivery of this program.

1	2	3	4	5
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2. The content and information provided.

1	2	3	4	5
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3. The exercises and cases studies for understanding ZED?

1	2	3	4	5
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4. Structuring of sessions during the 5 days.



① ② ③ ④ ⑤

5. The timely conduct of tests against the schedule.

① ② ③ ④ ⑤

6. The pace of the program.

① ② ③ ④ ⑤

7. The usefulness & relevance of the training material in the kit.

① ② ③ ④ ⑤

How confident are you to undertake assignments under ZED Certification Scheme, once you successfully complete this course?

① ② ③ ④ ⑤

Venue Feedback

Particulars	Low				High
Overall Venue arrangements of the training program	①	②	③	④	⑤
A/V and wi-fi/Internet support at the venue	①	②	③	④	⑤
Refreshment arrangements	①	②	③	④	⑤
Adequate power back up at venue	①	②	③	④	⑤
Event coordination and time management	①	②	③	④	⑤
Any other Suggestions:					

Trainer Feedback



Knowledge on ZED	①	②	③	④	⑤
Presentation skills	①	②	③	④	⑤
Ability to satisfactorily resolve queries	①	②	③	④	⑤
Openness to ideas/suggestions	①	②	③	④	⑤
Sharing of relevant case studies and examples	①	②	③	④	⑤
Any other Suggestions:					

PART II

1. In your opinion, what are the top 3 areas where this training can be further improved:

1	
2	
3	

2. If given an opportunity, would you like to take this training again in case you are unable to successfully complete the course requirements?

YES

NO

Signature: