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|  | Internal Training Effectiveness Questionnaire |

1. **Training Details**

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| **Date:** | **15/03/2021** |
| **Course Title:** | **Yes Program** |
| **Trainer Name:** | **Laven Pillay, Lynnelle Subramoney** |
| **Duration (days or hours):** | **½ hour** |
| **Venue:** | **Microsoft Teams** |

1. **Course Content / Functionality Covered**

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| General meeting: A spreadsheet was shown showing the progress of all the sections each of the graduates have completed. Discussed about the practical, Mentors will review our progress on the practical on Thursday for DBN interns and Friday for JHB interns. |
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1. **Feedback (Please tick one option for each of the questions below and rate the training session)**

| **Trainee:**  **First Name and Surname** | **Was the training focused on your role and needs?** | | **Are you satisfied with the training conducted in this session? Was the training material informative and helpful?** | | **Please rate the training session:**  **1 - Poor - Unacceptable**  **2 - Average - Acceptable**  **3 - Good - Achieved Expectations**  **4 - Very Good - Exceeded Expectations**  **5 - Excellent - Exceptional** | **Signature:** | **Trainer Comments:** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | **Yes** | **No** |
| Mlungisi Nzimande |  |  |  |  | 5 | A picture containing text  Description automatically generated |  |
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| **Total Score:** | | | | |  |  | |
| **Average Rating = Total Score \ Number Trainees =** | | | | |  |  |  |

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|  | Internal Training Register |

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| **Name and Surname** | **Date** | **Course Title** | **Trainer Name** | **Number of Hours** | **Signature** |
| Mlungisi Nzimande | 15/03/2021 | Yes Program | Laven Pillay, Lynnelle Subramoney | ½ hour | A picture containing text  Description automatically generated |
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