**POST TRAINING EVALUATION FORM**

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| **Please fill in the following questionnaire when you have completed your training course. This information will be used to evaluate the effectiveness of the training provider and to determine if other employees would benefit from attending the same training.** | | | |
| **Employee Name:** |  | **Date Attending Training:** |  |
| **Training Provider:** | |  | |
| **Name of Course:** | |  | |

**Training Course – Immediate Feedback**

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| **Please tick the correct**  **response** | | |
| **Excellent** | **Average** | **Poor** |
| **How would you rate the location and training facilities?** |  |  |  |
| **How would you rate the quality and style of the presenter?** |  |  |  |
| **How would you rate the value of the training compared to the price paid?** |  |  |  |
| **How would you rate the relevance of the course to your current position?** |  |  |  |
| **How would you rate the relevance of the course to any future positions?** |  |  |  |
| **How would you rate the trainings impact on your job performance?** |  |  |  |
| **Overall, how would you rate this training?** |  |  |  |
|  | | | |
| **Would you recommend this training to other employees in jobs similar to yours?** | | | |
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| **What part of the training did you find the most valuable?** | | | |
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| **What part of the training did you find the least valuable?** | | | |
| **Application of training in the Workplace** (to be completed approximately 1 month after training) | | | |
| **Please give an example of how you have used this training in the workplace:** | | | |
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| **Please give an example of how you have shared this learning with co-workers** | | | |
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| **Have you experienced any resistance from co-workers or management when attempting to utilise your new skills in the workplace?** | | | |
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| **Other Comments:** | | | |
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| **Thank you for taking the time to complete this survey. Please return it to your Manager** | | | |