Health and Safety Department

Course Evaluation Form

NAME: ___________________________ DESIGNATION: ___________________________

COURSE TITLE: ___________________________ DATE: ___________________________

1. To what extent do you consider the course aims/objectives to have been reached?

Not at all  ☐  ☐  ☐  ☐  ☐  ☐  ☐  Fully

2. Please record the two most important things you learned from the course:

2.1) _______________________________________

2.2) _______________________________________

3. To what extent do you consider the course to have been relevant to your needs:

Not at all  ☐  ☐  ☐  ☐  ☐  ☐  ☐  Fully

If not relevant please say what modifications would be necessary in order to meet your requirements.

4. Please indicate the extent to which the course has prompted your insight and understanding of the issues involved:

Very  ☐  ☐  ☐  ☐  ☐  ☐  ☐  Very Well

Little  ☐  ☐  ☐  ☐  ☐  ☐  ☐  Very Well

5. Which topics/sessions do you consider should have been omitted, reduced, developed or added?

Omitted  Reduced  Developed  Added
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6. How much new information did you pick up?

Taught me little  □ □ □ □ □ □ □ Taught me a lot
I did not know already

If you did not pick up much new information, was the course useful in revising and consolidating information you already knew:

7. Please indicate your views regarding the "presentation aspects" on this event.

Unclear/poorly presented  □ □ □ □ □ □ □ Clear, well presented

8. Please comment, if you wish, on the organisation and administration of the course.

9. Have you any other comments on the event? Please give any suggestions for improvement or alterations: (e.g. Training environment)

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE HAND IT TO THE COURSE PRESENTER.