**Health & Safety Department**

# H&S Management Manual

**COURSE EVALUATION**

Name:…..……….……………….. Designation:…..……….……………….. Date:…..………………..

**(Please tick the most appropriate box)**

 Met Partly Met Not Met

**Programme Objectives**

 Met Partly Met Not Met

**Personal Objectives**

Too Long About Right Too Short

**Length of Programme**

Too High About Right Too Low

**Level of Programme**

Too Fast About Right Too Slow

**Pace of Programme**

Good Adequate Poor

**Training Environment**

 **(please circle as appropriate)**

Your knowledge/skill/ None 1 2 3 4 5 6 Complete

understanding prior to the

programme.

Your knowledge/skill/ None 1 2 3 4 5 6 Complete

understanding now.

Do you now feel confident that you can use the manual to:

Yes No

1. manage H&S within your dept/ward
2. improve H&S standards?

What, if any, additional support would you require to achieve the above?

What were the most useful aspects of the programme (for you) and why?

Which aspects of the programme would you want to see changed and why?

How would you change them?

Please answer the following questions in respect of the Trainer:

**1 = Not at all 6 = Completely**

(please circle the number that reflects your rating)

Did the trainer:

Provide objectives at the beginning of the programme? 1 2 3 4 5 6

Regularly review progress? 1 2 3 4 5 6

Check your understanding? 1 2 3 4 5 6

Relate topics back to the workplace? 1 2 3 4 5 6

Deal positively with questions/issues? 1 2 3 4 5 6

Show enthusiasm and confidence? 1 2 3 4 5 6

Any other comments you wish to make?

Thank you for taking the time to complete this evaluation form.

Upon completion, return to the course facilitator or to Health & Safety Dept. 5th Floor West ACH.