

Thank you for participating in this training. Please take a few moments to think about the event and provide responses to the following questions. This information will be very helpful in planning future training events. Please answer all questions and add in your additional comments on both sides of this form.

We will process your personal data in line with our Trainee Privacy Statement which can be accessed here: <https://www.skillnetireland.ie/data-protection/Skillnet-Ireland-Trainee-Privacy-Statement>

A copy of this Statement is also available at the training location or from the Learning Network.

Event title: _____ Date: _____

Trainee Name: _____

Company (if applicable): _____

| 1 - Please indicate your level of agreement with the statements listed below: | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The training was relevant to my needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Training was delivered to a high standard | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Participation/interaction was encouraged | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. This training met my learning objectives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I can apply the skills/knowledge that I learned | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. The duration of training was appropriate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The training room/facilities were suitable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I would recommend this training to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank you for taking the time to complete this form.

2 - What was the most useful part of this training for you?

3 - What aspects of the training programme could be improved?

4 - As a result of this training, how do you hope to change your practice in this area?

OR

Please specify what ideas or actions you learned during this training that you will take back to your workplace.

5 - Please provide any suggestions or additional comments below.

Thank you for taking the time to complete this form.