TRAINING – INTERNAL EVALUATION FORM MEMBERS

Please spend a few moments to give us your views on this training session. Your feedback will be kept private and confidential and will only be used to help us improve the content and delivery of training. We may publicise the general findings of the feedback. Both positive and negative comments are welcome. *Thank you*.

YOUR NAME (optional):		
TRAINING COURSE:		
DATE:	TIME:	
TRAINER(s):		

Please circle the number which reflects your views of today's training session

The training did not meet the stated objectives	1	2	3	4	The training met the stated objectives
The training was not relevant to my role	1	2	3	4	The training will help me in my role
The training did not cover what I expected it to	1	2	3	4	The training covered what I expected it to
The training was not enjoyable	1	2	3	4	The training was enjoyable
The training was not well organised	1	2	3	4	The training was well organised
The trainer's knowledge was poor	1	2	3	4	The trainer's knowledge was good
Questions were not addressed	1	2	3	4	Questions were answered fully
Discussion was not encouraged	1	2	3	4	Discussion played an important part of the session
The techniques used (e.g. role-play, small group-work) were not effective	1	2	3	4	The techniques used (e.g. role-play, small group-work) were effective
The course notes/slides were not useful	1	2	3	4	The course notes/slides were very useful
The venue/room was not	1	2	3	4	The venue/room was

suitable		suitable				
Was the training (Please circle)	TOO SHORT	ABOUT RIC	GHT	TOO LONG?	•	
What was the most effective part of the session, and why?						
What was the least	effective part of the	e session, and	l why?		P.T.O	
How could the sess	sion have been mor	e useful to yo	u?			
What do you intend to do as a result of this training?						
What is your overa	Il impression of the	training? (Plea	ase circle)		
POOR	AVERAGE GO	OD	VERY GO	DOD		
If you had to pass of	on 3 key learning po	oints to other N	Members	what would th	ey be?	

Who would you recommend attends this training?	
Please return this form to Democratic Services Team Leader. Thank you.	ı