**Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| Employee ID: |  | Job Title/Position: |  |
| Department: |  | Date of Training: | (DD/MM/YYYY) |

**Training Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Title:** |  | | |
| Training Provider: |  | | |
| Location/Venue: |  | Instructor(s): |  |

**Feedback Sections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** = Excellent | **4** = Good | **3** = Average | **2** = Below Average | **1** = Poor |

**1. Training Content**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relevance of the training content to your job: | 5 | 4 | 3 | 2 | 1 |
| Clarity of the training objectives: | 5 | 4 | 3 | 2 | 1 |
| Overall quality of the training materials: | 5 | 4 | 3 | 2 | 1 |
| **Comments:** |  | | | | |
|  | | | | |

**2. Instructor Performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Knowledge and expertise of the instructor(s): | 5 | 4 | 3 | 2 | 1 |
| Instructor(s) presentation and delivery skills: | 5 | 4 | 3 | 2 | 1 |
| Ability to engage participants: | 5 | 4 | 3 | 2 | 1 |
| **Comments:** |  | | | | |
|  | | | | |

**3. Training Logistics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ease of registration and communication: | 5 | 4 | 3 | 2 | 1 |
| Comfort and suitability of the training venue: | 5 | 4 | 3 | 2 | 1 |
| Quality of the training environment (e.g., equipment, facilities): | 5 | 4 | 3 | 2 | 1 |
| **Comments:** |  | | | | |
|  | | | | |

**4. Learning Outcomes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Achievement of training objectives: | 5 | 4 | 3 | 2 | 1 |
| Improvement in knowledge/skills: | 5 | 4 | 3 | 2 | 1 |
| Ability to apply what you learned to your job: | 5 | 4 | 3 | 2 | 1 |
| **Comments:** |  | | | | |
|  | | | | |

**5. Overall Satisfaction**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overall satisfaction with the training: | 5 | 4 | 3 | 2 | 1 |
| Likelihood of recommending this training to others: | 5 | 4 | 3 | 2 | 1 |
| **Comments:** |  | | | | |
|  | | | | |

**Suggestions for Improvement**

**What did you like most about the training?**

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| --- |
|  |
|  |
|  |

**What aspects of the training could be improved?**

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| --- |
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|  |
|  |

**Any additional comments or suggestions:**

|  |
| --- |
|  |
|  |
|  |

**Thank you for your feedback! Your input is valuable in helping us improve our training programs.**