Wellbeing Software - Training Evaluation Form

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| --- | --- | --- |
| Name |  | Hospital |
| Role |  |
| Course Title |  |
| Course Date |  |
| Course Venue |  |
| Trainers Name |  |

We would appreciate your honest and constructive comments. This will enable us to evaluate the effectiveness of training and help improve the quality of courses.

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| What is your main reason for taking part in the course today? (Please tick as many as apply) |
| It is part of your personal development plan |  | Your job or responsibilities have changed |  |
| To improve your skills or knowledge |  | It may be of some use in the future |  |
| New processes are being / have been introduced |  | You were asked to take part by your manager |  |
| Other, please specify… |

Please rate the following between 1 and 4. Where you provide a rating of 1 or 2, please provide explanatory details via ‘Any Other Comments’

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Poor | Average | Good | Excellent |
| 1 | 2 | 3 | 4 |
| 1 | Awareness of the availability of training documentation |  |  |  |  |
| 2 | All ‘key concepts’ were demonstrated effectively |  |  |  |  |
| 3 | Was sufficient time allocated to cover all key concepts  |  |  |  |  |
| 4 | Confidence of being able to apply / utilise key concepts in your role |  |  |  |  |
| 5 | Use of the System to support learning during the course |  |  |  |  |
| 6 | Trainer’s knowledge of the key concepts covered |  |  |  |  |
| 7 | Trainer’s ability to deliver training |  |  |  |  |
| Which aspects of the course did you find most useful? |
| Do you think anything else should have been included - if so, what? |
| Any other comments? |

# Document Control

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| V1.0 | 28/01/2019 | Emma Savage-Mady | Rebranded Sign-in Sheet |
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