**Task 1 – Training Evaluation Form**

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| **Name of Trainer:** | | | | | | | | **Date:** | |
| **Topic of Training**  (e.g: Name of Policy, Procedure, etc) | | | | | | | | **After the training, do you believe you are …..** | |
| **Competent** | **Not Yet Competent** |
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| **Method of Delivery (Please tick one)** | | | | | | | | **Please Tick Applicable** | |
| Presentation e.g. lecture | | | | | | | |  | |
| Workshop e.g classroom | | | | | | | |  | |
| One – to – One Instruction | | | | | | | |  | |
| Online Interactive | | | | | | | |  | |
| Other (please specify) | | | | | | | |  | |
|  | | | | | | | |  | |
| **1 = Strongly Disagree 2 = Disagree 3 = Unsure 4 = Agree 5 = Strongly Agree** | | | | | | | | | |
| Question | Feedback Rating | | | | | Additional Comments | | | |
| **1** | **2** | **3** | **4** | **5** |
| There was sufficient time allowed for session |  |  |  |  |  |  | | | |
| There were adequate resources |  |  |  |  |  |  | | | |
| The method of delivery was engaging |  |  |  |  |  |  | | | |
| The instructions were clear |  |  |  |  |  |  | | | |
| There was sufficient time allowed for discussion and any questions |  |  |  |  |  |  | | | |
| The supporting material was helpful |  |  |  |  |  |  | | | |
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| Other Comments: | | | | | | | | | |
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| Your Name (trainee): | | | | | | | Date: | | |