|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Date** |  |
| **Course title** |  | **Venue** |  |
| **Your Arrival and Departure time** |  | **Course start and end time** |  |

# Trainer Evaluation

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| **Did you call the client to ask about any additional needs before the course?** |  |  |  |
| **Were you shown the available facilities by the staff?** |  |  |  |
| **Was the room adequate for the training needs?** |  |  |  |
| **Did you use all CFC training materials?** |  |  |  |
| **Did you have everything you needed for the course? (for example, presentation, workbooks, or equipment).** |  |  |  |
| **Did you receive the equipment in good condition?** |  |  |  |
| **Was the room left tidy?** |  |  |  |
| **Was the presentation and paperwork for the course up to date?**  |  |  |  |
| **Did you enjoy the session?** |  |  |  |
| **Which reviews did you request from the delegates? Please circle.****If not please leave comment** | Google | Yell | Facebook |

**If you answered ‘no’ to any of these questions, please give details.**

|  |
| --- |
|  |

**If the presentation or paperwork were not up to date please specify which slides need amending, what needs to be changed and the reference.**

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|  |

**Punctuality**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delegates arrived on time** | **All** | **Some** | **Few** | **None** |
| **Delegates returned from breaks on time** | **All**  | **Some** | **Few** | **None** |
| **Delegates left early** | **All** | **Some** | **Few** | **None** |

 **What do you think we could include to make the training better?**

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|  |

 **Do you have any training requirements CFC may be able to support you with?**

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|  |

**Any additional comments?**

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